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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103220 (5)

1. Corporation Name
COUSINS, INC.



Principal Place of Business

1050 LEE WAGENER BLVD STE 301
FT LAUDERDALE FL 33315

Mailing Address

1050 LEE WAGENER BLVD STE 301
FT LAUDERDALE FL 33315-3500

3. Date Incorporated or Qualified
12/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 340 S.State Road 434

Suite, Apt. #, etc.

2a. Mailing Address

26 340 S.State Road 434

Suite, Apt. #, etc.

4. FEI Number

65-0719209

Applied For

Not Applicable

22 City & State

23 Altamonte Springs, FL

24 Zip 32714

Country

27 City & State

28 Altamonte Springs, FL

29 Zip 32714

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N
2925 AVENTURA BLVD STE 308
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware of, and accept, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Murray Bobchin

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Director ☐ DELETE

NAME Murray Bobchin

STREET ADDRESS 808 Silversmith Circle

CITY-ST-ZIP Lake Mary, Fl. 32746

TITLE Secretary/Treas./Dir. ☐ DELETE

NAME Iris Bobchin

STREET ADDRESS 808 Silversmith Circle

CITY-ST-ZIP Lake Mary, Fl. 32746

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and data on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Murray Bobchin - MURRAY BOBCHIN 3/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6065905

CR2E034 (9/96)