FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State

	1998	DIVISION OF CO	RPORATIONS	Secretary of	1 State
DOCUMENT # P97000019742 (0) CAR OF COCOA, INC.					
Principal Place		Mailing Address			
175 E. NASA BLVD.		175 E. NASA BLVD.			
STE 300 MELBOURNE FL 32901		STE 300 Melbourne fl 32901		DO NOT WRITE IN THIS SI	PACE
				3. Date Incorporated or Qualified 02/26/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt.	#, etc.	Surte, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State	В	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	ent year Intangible
24	25	29 3	0		Yes 🖾 No
	9. Name and Address of Current	Registered Agent	·····	10. Name and Address of New Registered A	gent
WF	RIGHT, SCOTT ESO.		B1 Name		
49E P ALADA DI IID			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
STE 300]_]		
MELBOURNE FL 32901			83		
			84 City		85 Zip Code
				FL	<u> </u>
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. Hereby accept the appointment as registered					
agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature: typed or printed name of registering again				
12.	OF FICERS AND		Registered Agent signature requ	Ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BYRD, MARGO		1.2 NAME		1
STREET ADDRESS	175 E. NASA BLVD. STE 300		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32901		1.4 CITY-ST-ZIP]
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		_ • _
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP)
TITLE		DELETE	3.1 TITLE	- 177 121	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		}
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			44 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME]
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DILETE	6.1 TITLE	[Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS]
CITY-ST-ZIP			64 CITY - ST - ZIP		, , , , , , , , , , , , , , , , , , ,

I horeby 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 indicated on this annual report or suppliemental 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 of 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 official statutes; and that my name appears in the statute of the corporation of the co Director

SIGNATURE:

FILED