07231999-90001-035-$150.00-$150.00

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90001 035 ***150.00

...98.
AMOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029556

1. Corporation Name
COSTA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
11230 STATE RD 80 FT MYERS FL 33905 US	4288 LENNOX DR MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1997

4. FEI Number: ~~65-0544642~~ 65-0740704 ☐ Applied For ☐ Not Applicable

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 owes the current year intangible personal property. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	28 11230 STATE RD 80
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26 FT MYERS FL
Zip 24 / Country 25	Zip 29 33905 / Country 30 USA

9. Name and Address of Current Registered Agent

ZISKIND & ARVIN, P.A.
444 BRICKELL AVENUE
SUITE 905
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Michael R COSTA
82 Street Address (P.O. Box Number is Not Acceptable): 11230 State RD 80
83
84 City: FT Myers FL 85 Zip Code: 33905

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: [signature] 8/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	COSTA, R. MICHAEL		1.2 NAME		
STREET ADDRESS	4288 LENNOX DRIVE		1.3 STREET ADDRESS	11230 STATE RD 80	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	FT MYERS FL 33905	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ 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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

14. I 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 indicated 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: [signature] SIGNATURE & NAME 8/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #