

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

FILED

Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000078049 (8)

1. Corporation Name

COTTAGE GATE, INC.



Principal Place of Business Mailing Address
3333 HENDERSON BOULEVARD, #150 3333 HENDERSON BOULEVARD, #150
TAMPA FL 33609 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 263 CENTRAL AVE Suite, Apt. #, etc. 22 ST. PETERS BORG City & State 23 FL 24 Zip 33701		2a. Mailing Address 26 263 CENTRAL AVE Suite, Apt. #, etc. 27 ST. PETERS BORG City & State 28 FL 29 Zip 33701		3. Date Incorporated or Qualified 09/08/1997	
25 PINELHAS Country		30 PINELHAS Country		4. FEI Number 59/3467600	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RILEY, STEVEN P 3333 HENDERSON BOULEVARD, #150 TAMPA FL 33609 WM EGAN 263 CENTRAL AVE ST PETERS BORG FL 33701				10. Name and Address of New Registered Agent 81 Name WILLIAM EGAN 82 Street Address (P.O. Box Number is Not Acceptable) 263 CENTRAL AVE 83 ST PETERS BORG FL 33701 84 City FL 85 Zip Code	
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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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  WILLIAM EGAN PRES 2-17-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D EGAN, WILLIAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, WILLIAM	1.2 NAME	
STREET ADDRESS	5018 PURTAN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	
TITLE	D EGAN, DORIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, DORIS	2.2 NAME	
STREET ADDRESS	5018 PURTAN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  WILLIAM EGAN PRES 2-17-98 823 628

CR2E034 (10/97)