

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000084211 (6)

1. Corporation Name
EVELYN COTHREN, INC.

Principal Place of Business
749 US #1
NORTH PALM BEACH FL 33408

Mailing Address
749 US #1
NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 W. JASMINE DR. D Suite, Apt. #, etc. 22 D City & State 23 LAKE PARK FL Zip 24 33403		2a. Mailing Address 26 1001 W. JASMINE DR. Suite, Apt. #, etc. 27 D City & State 28 LAKE PARK FL Zip 29 33403		3. Date Incorporated or Qualified 09/29/1997	
25 PALM BEACH		30 USA		4. FEI Number 65-0789812	
9. Name and Address of Current Registered Agent GRUSMARK, MILTON E 749 US #1 NORTH PALM BEACH FL 33408		10. Name and Address of New Registered Agent 81 Name EVELYN COTHREN, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1001 W JASMINE DR. 83 84 City LAKE PARK FL 85 Zip Code 33404		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	

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 EVELYN COTHREN President Evelyn Cothren DATE 1-16-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT - DIRECTOR	1.1 TITLE	
NAME	EVELYN COTHREN	1.2 NAME	
STREET ADDRESS	1001 W. JASMINE DR. D	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33408	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Evelyn Cothren DATE 1-30-98

CR2E034 (10/97)