

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

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AND
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98 JUN -5 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000090208**

1. Corporation Name

COFFMAN, MADDOX & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1997	
21 2210 SW 97 LANE	26 2210 SW 97 LANE	4. FEI Number 65-0788137		Applied For ☐ Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 FT. LAUDERDALE, FL	28 FT. LAUDERDALE, FL	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 33324	25 US	29 33324		30 US	
24 33324		25 US		29 33324	
25 US		29 33324		30 US	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COFFMAN, TAMIRA D
2210 SW 97 LANE
FT. LAUDERDALE FL 33324

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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in the position of a director or officer of the corporation

(None. Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	COFFMAN, TAMIRA	1.2 NAME	COFFMAN, TAMIRA D.
STREET ADDRESS	2210 SW 97 LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUD. FL 33324	1.4 CITY- ST- ZIP	
TITLE	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MADDOX, ARICEOUS M	2.2 NAME	100002557591-0
STREET ADDRESS		2.3 STREET ADDRESS	-06/11/98--01123--025
CITY- ST- ZIP		2.4 CITY- ST- ZIP	****150.00 ****150.00
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	

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 printed in Block 12 if not changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/98

954-916-8654

CR2E034 (10/97)