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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000095201 (4)

COUSINS ORECK OF SOUTH FLORIDA, INC.

	- / P	Maille	- Address			·	
Principal Place of Business Mailing Address							
2887 BANYAN BLVD. CIR. 2887 BANYAN BLVD. CIR. BOCA RATON FL 33431 BOCA RATON FL 33431							
BOOK INTOKTE SONS							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
2. Principal Place of Business   2a. Mailing Address							11/06/1997 4. FEI Number
21 26							69.0792213 Not Applicable
			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22 27			<u>-</u>				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country			-	Trust Fund Contribution
24	25 29 30		_	, , , , , , , , , , , , , , , , , , , ,		Personal Property Tax due June 30.  Yes No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
AVERBOOK, CHARLES J					81	Name	
2887 BANYAN BLVD. CIR.					82	Street Ad	dress (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33431					- 00		
					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							
					d Age	nt signature req	pulted when reinstaling)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D, C.S.O. / Secretary DELETE			1.J TITLE		Change Addition	
NAME	1			1.2 N/			
STREET ADDRESS				1.3 STREET ADDRESS		ADDRESS	
CITY - ST - ZIP	DOCA DATON EL COACA		1.4 CI	1.4 CITY-ST-ZIP			
TITLE	D, President, Treasurer DELETE 2		2.1 TF	rle		Change Addition	
NAME			2.2 N/	ME			
STREET ADDRESS	2007 1111 10111 011		2.3 ST	REET	ADDRESS		
CITY-ST-ZIP	500/1/20/01/ 12/5/5/				ST-ZIP	Change Addition	
TITLE			DELETE	3.1 TF			Li change Li Addition
NAME				3.2 N/			
STREET ADDRESS						ADDRESS	
CITY-SI-ZIP TITLE				_	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME				4.2 N			
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP				4.4 CI			
TITLE			DELETE	5.1 TI			☐ Change ☐ Addition
NAME				5.2 N	ME	1	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE RECORDER

DELETE

1/8/48

561.994.2775

☐ Change

Addition

**FILED** 

Jan 16 1998 8:00am

i ammitment som høden ammit mende medde smott mende færme belde stødt medle bled fært

Secretary of State