PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000019941

COVER GIRL CUSTOM MARINE CANVAS & UPHOLSTERY, IN

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90018 019 ***150.00



ł						1
Principal Place of Business Mailing Address						1
2508 ANDALUSIA BLVD. #4 2508 ANDALUSIA BLVD. #4						1
CAPE CORAL FL 33909 CAPE CORAL FL 33909				DO NOT WRITE IN THIS SPACE		
1		-			3. Date Incorporated or Qualifed	
į					02/26/1998	
2. Principal P	lace of Business	2a. Mailing Address		:	4. FEI Number Applied For	
21 541	1 5W 17#AV	26 5411 SW	174	OV	/ 6508 50 43 Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22 27					5. Certificate of Status Desired LD Fee Required	
City & State City & State			n-41-	بسه	6. Election Campaign Financing \$5.00 May Be	
23 CA	PR CORAL FL	28 CAT - CO	*		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count		8. This corporation owes the current year intangible Personal Property Tax. Yes No	
24 339		29 33914 30) <u> </u>	<u>LEF</u>	Personal Property Tax. Li Yas Li No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
: pon	RIQUEZ, ILIANA		′ [Name		j
2508 ANDALUSIA BLVD. #4				2 Street /	Address (P.O. Box Number is Not Acceptable)	•
CAPE CORAL FL 33909				3		
(& - ""			ľ	1		
			8	4 City	El 85 Zio Code	
	A 445-144-145-145-145-145-145-145-145-145-	'and say tank Elodida Stanillas'	The sho	ve-named)		=
11. Pursuant to the provisions of Sections 607.0302 and 607.1308. 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.						
agent. I am famillar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agristure requ				required when reinstating) DATE	<u>.</u>	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	5 .
TITLE	D	☐ DELETÉ	1.1 TITLE		ZAChange □ Addition > -	3
NAME	RODRIQUEZ, ILIANA		1.2 NAME		FAIL 3W 17# AV CAPE CARAL EL 33914	5.
STREET ADDRESS	913 S.W. 6TH AVE.		1.3 STRE	ET ADDRESS	5411 300 (14 A)	4
CITY-ST-ZIP	CAPE CORAL FL 33991		1.4 CITY-ST-ZIP		CAPE CAPA EL 39914 à	ξ: :
TITLE	D	☐ DELETE	2.1 TITLE		(A)Change ☐ Addition C	
NAME	rodriquez, fidel		2.2 NAME		- 17 HOV	
STREET ADDRESS	· · [· · · · · · · · · · · · · · · · ·		23 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL 33991		2.4 CITY-ST-ZIP		CAPE DIAL UN 39719	1
TITLE		DELETE	3.1 TITLE		Change Addition	1
NAME		3	3.2 NAME	l.		•
- STREET ACORESS		ساسيب ساراد ين پرست		ET ADDRESS		_, ~
CITY-ST-ZIP	The ere		D.A. CITY-ST-ZIP		Change Addition	
TILE		☐ DELETE	4.1 TITLE			
NAME				الدخنان		푸
STREET ADDRESS				ETADORESS !	 	1.
CITY-ST-ZIP		DELETE	4.4 CRTY- 5.1 TITLE		Change Addition	1;
TITLE		- Octob	5.2 NAME			'
NAME		,		ET ADDRESS		
STREET ADDRESS			SA CITY-	3		
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	:]	,	
			6.3 STRE	ET ADDRESS		
STREET ADDRESS			6.4 CITY-			

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 with all other like empowered.

SIGNATURE

CATORE AND TYPED OR PRINTED WANTE OF SIGNAMO OF FICER OR DIRECTOR

4/6/99

941-541-146

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