


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

04-12-1999 90018 019 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000019941</b> 1. Corporation Name <b>COVER GIRL CUSTOM MARINE CANVAS &amp; UPHOLSTERY, IN C.</b>					
Principal Place of Business <b>2508 ANDALUSIA BLVD. #4</b> <b>CAPE CORAL FL 33909</b>			Mailing Address <b>2508 ANDALUSIA BLVD. #4</b> <b>CAPE CORAL FL 33909</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>5411 SW 17th AV</b> Suite, Apt. #, etc. 22			2a. Mailing Address 26 <b>5411 SW 17th AV</b> Suite, Apt. #, etc. 27		
City & State 23 <b>CAPE CORAL FL</b>			City & State 28 <b>CAPE CORAL FL</b>		
Zip 24 <b>33914</b>			Zip 29 <b>33914</b>		
Country 25 <b>LEE</b>			Country 30 <b>LEE</b>		
8. Name and Address of Current Registered Agent <b>RODRIGUEZ, ILIANA</b> <b>2508 ANDALUSIA BLVD. #4</b> <b>CAPE CORAL FL 33909</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>RODRIGUEZ, ILIANA</b> CITY-ST-ZIP <b>913 S.W. 6TH AVE. CAPE CORAL FL 33991</b>					
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>RODRIGUEZ, FIDEL</b> CITY-ST-ZIP <b>913 S.W. 6TH AVE. CAPE CORAL FL 33991</b>					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>5411 SW 17th AV</b> 1.4 CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>5411 SW 17th AV</b> 2.4 CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99  
Date941-571-146  
Daytime Phone #

CR2E034 (1/98)