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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036168 1. Corporation Name

COTE FRANCE GROUP, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90023 021 ***150.00

Principal Place of Business	Mailing Address					S OTTEN DOCK DRIVE	i iili d G ildt kigid	REIGH EBEL (BBI	
990 S ROGERS CIRCLE #5	990 S ROGERS CIRCLE #5	;							
BOCA RATON FL 33487 BOCA RATON FL 33487					DO NOT M	RITE IN THIS	SDACE		
				3 Date	e Incorporated or Qualif		OF ACL		
				T .	21/1998				
2. Principal Place of Business	2a. Mailing Address				Number		Ap	plied For	
26					,5-08319	95	No	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			E Cort	tifcate of Status Desired		\$8.75		
22	27			5. Cen	ulcate of Otatus Desiret		Fee Re	equired	
City & State	City & State				tion Campaign Financi	ng □.	\$5.00		
23	28		.		st Fund Contribution		Added t	o Fees	
Zip Country	Zip	Coun	try	4 *	s corporation owes the opening the constant of	current year int	tangible . □Yes	XNo.	
24 25 25 9. Name and Address of Current	29 Peristand Agent	30			ne and Address of Ne	w Registered			
9. Name and Address of Current	Kegistelea Agei		B1 Name	10, 11					
VAN DER LYN, JOHN S		L				ibla\		,	
4000 N FEDERAL HWY STE 207			82 Street	Address (P.O. E	Box Number is Not Acce	eptable)		}	
BOCA RATON FL 33431		Ţ	B3						
,		-	84 City			<u>-~</u>	85 Zip (Code	
•						FL_	• · · <u>· · </u>	}	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607:1508, Florida Statute	s, the ab	ove-named	corporation sub	mits this statement for	the purpose of	changing its	registered	
	i Fiorida. Such change was ai	uthorized	by the corp	Ciallon's bound t	or directors, i neceby ac	nehi ine abboi		gistered	
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	uthorized rida Statu	by the corp les.	Oration's board (or directors. I nereby ac	cepi ilie appoi		gistered	
agent. I am familiar with, and accept the obligated	ons of, Section 607.0505, Fiol	nda Statu	es.				·	gistered	1
agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable. (NOTE	Registered /	es.	required when reinstati	ing)	DATE	·		(80)
agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE	nda Statu	es. gent signature	required when reinstati		DATE	·		(44/08)
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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 officer or director of the corporation of 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 officer or director of the corporation of the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

REPASSAD 50