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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$04443**

1. Corporation Name

CUMBRIA HOLDINGS, INC.

					<u> </u>	MANAGEMENT OF THE STREET	
Principal Place of Business Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1301 RIVER REACH DR #509 FT. LAUDERDALE FL 33315 1301 RIVER REACH DR #509 FT. LAUDERDALE FL 33315)		DO NOT WRITE IN THI	S SPACE	
					Date Incorporated or Qualifed 10/03/1990		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied För
21		26			65-02213 <u>65</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
Zip 24	Country 25	Zip	Countr	у	This corporation owes the current year I Personal Property Tax.		□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
La io			81	Name		•	
MURDOCH, ROBERT E ESQ. 790 EAST BROWARD BLVD. SUITE 400 FT. LAUDERDALE FL 33301			8:	Street Ad	dress (P.O. Box Number is Not Acceptable)	,	
			8:	3			
				1 0		. 85 Zip C	`nde
			84	1	· F	┗▝▔▍▔	_
office or c	to the provisions of Sections 607.05 agistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its ointment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	goat and title if applicable (NOTE I	Registered An	ent signature requ	ired when reinstating) DATE		
12.		AND DIRECTORS	13.	on digitation of the	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	PATON, IAN		1.2 NAME				
STREET ADDRESS	1301 RIVER REACH DR.		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALË FL			ST-ZIP			
TITLE	☐ DELETE		2.1 TITLE		•	☐ Change	☐ Addition
NAME			2.2 NAME	. }			
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP			2. 4 CITY		g gardige	☐ Change	Addition
TITLE			3.1 TITLE			□ cuanda	C Madagai
NAME			3.2 NAME			•	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		□ per exe	3.4. CITY-			☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			C) Simile	
NAME			4. 2 NAM	·			
STREET ANDRESS	i		■ 4.3 STRE	ET ADORESS			

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Addition

Addition

[7] Change

Change