

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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90082 033 \*\*\*150.00

DOCUMENT # S52212

1. Corporation Name  
COVER GALS INC.

Principal Place of Business  
6832 PALMETTO CIRCLE SOUTH  
APT 205  
BOCA RATON FL 33433

Mailing Address  
6832 PALMETTO CIRCLE SOUTH  
APT 205  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1991

4. FEI Number  
65-0260606

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 11077 Indian Lake Circle

Suite, Apt. #, etc.

22

City & State

23 Boynton Beach, FL

Zip

24 33437

Country

25 USA

2a. Mailing Address

26 c/o CompuKeeper

Suite, Apt. #, etc.

27

1446 NW 2nd Ave. Ste 105

City & State

28 Boca Raton, FL

Zip

29 33432

Country

30 USA

9. Name and Address of Current Registered Agent

FRANKLIN, PEGGY  
6832 PALMETTO CIRCLE SO.  
BOCA RATON FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11077 Indian Lake Circle

83

84 City  
Boynton Beach

FL

85 Zip Code  
33437

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, of 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 *Peggy Franklin*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME D FRANKLIN, PEGGY  
STREET ADDRESS 6832 PALMETTO CIR. S.  
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE  
NAME D COMPETIELLO, ROSE A.  
STREET ADDRESS 6832 PALMETTO CIR. S.  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 11077 Indian Lake Circle  
1.4 CITY-ST-ZIP Boynton Beach, FL 33437

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 11077 Indian Lake Circle  
2.4 CITY-ST-ZIP Boynton Beach, FL 33437

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Peggy Franklin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/99

Daytime Phone #

0341582

CR2E034 (11/98)