

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62867
1. Corporation Name

COBURN MANAGEMENT COMPANY

Principal Place of Business

Main Address

3. Date Corporation or Quarter
June 27, 1991

3a. Date of Last Report
July 1995

4. FID Number
65-0274757

Applied for
Not Applicable

5. Certificate of Status Due
\$8.75 Additional Fee Required

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

8. This corporation has liability for information under S. 190.02
Florida Statutes
☐ Yes ☒ No

2. Principal Place of Business

2a. Main Address

21 **658 Bamboo Ct**
State Apt # etc

26 **658 Bamboo Ct.**
State Apt # etc

22 City & State

27 City & State

23 **Marco Island, FL**
Zip Country

28 **Marco Island, FL**
Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gregory J. Ritter, Esq.
7000 West Palmetto Park Road
Boca Raton, FL 33433

81 Name

Patrick H. Neale, Esq.
48 Templewood Ct.

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

83

84 City

Marco Island

FL

85 Zip Code

34145

11. Pursuant to the provisions of Section 607.01(2)(a) of the 1988 Florida Statutes, the above named corporation hereby states this statement for the purpose of changing its registered office or registered agent, on both the State of Florida. Such change was authorized by the corporation's board of directors. The fee, and all the applicable and assessed agent's fees, have been paid and are hereby acknowledged. Section 607.01(2)(a) Florida Statutes.

SIGNATURE

[Signature]

PATRICK H. NEALE, Esq.

7/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	D, P
STREET ADDRESS	Coburn, Thomas
CITY, ST, ZIP	658 Bamboo Ct.
TITLE	☐ DELETE
NAME	Marco Island, FL 34145
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
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STREET ADDRESS	
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CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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-08/02/96--01031--031
*****225.00**

14. I do hereby certify that the information supplied on this form is true and correct, and that the corporation is in good standing and has not been dissolved or otherwise terminated. I further certify that the information supplied on this form is true and correct, and that the corporation is in good standing and has not been dissolved or otherwise terminated. I further certify that the information supplied on this form is true and correct, and that the corporation is in good standing and has not been dissolved or otherwise terminated.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96
1941-642-4606

CR2E034 (3/96)