

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**
95 FEB 21 AM 8:58

DOCUMENT # S76842

(1)

1. Corporation Name
COGNATIS, INC.

Principal Place of Business
**8141 STATE ROAD 52
SUNSHINE PLAZA
HUDSON FL 34667**

Mailing Address
**8141 STATE ROAD 52
SUNSHINE PLAZA
HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/29/1991** 3a. Date of Last Report **03/10/1994**
4. FEI Number **59-3079466** Applied For ☐
Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**BRUNO, MICHAEL P.
8141 STATE ROAD 52
SUNSHINE PLAZA
HUDSON FL 34667**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	BRUNO, MICHAEL P.	1.2 NAME	
STREET ADDRESS	9207 OUTRIGGER ROAD 2022	1.3 STREET ADDRESS	8506 Pinafore Dr.
CITY- ST- ZIP	PORT RICHEY FL	1.4 CITY- ST- ZIP	New Port Richey, FL 34653
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	ROSSI, NICK	2.2 NAME	
STREET ADDRESS	3706 MONTCLAIR DRIVE	2.3 STREET ADDRESS	5306 Macoso Court
CITY- ST- ZIP	NEW PORT RICHEY FL	2.4 CITY- ST- ZIP	New Port Richey, FL 34655
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an addendum.

SIGNATURE: *Michael P. Bruno* **Michael Bruno**
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payable To: _____