## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 14 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)V09064 ANCOBIA, INC. Principal Place of Business Mailing Address 4524 S.E. 16TH PLACE 4524 S.E. 16TH PLACE SLINE 3 SUIRE 3 DO NOT WRITE IN THIS SPACE CAPE CORAL FL CAPE CORAL FL 3. Date Incorporated or Qualified 01/23/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-0327330 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent <u>B1</u> Name COTTRELL, JAMES L. 1633 S.E. 47TH TERRACE Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 City Zip Code 11. Pursuant to the provisions of Socions 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, 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 11 TITLE DILL, HORST 1.2 NAME MAME 709 S.W. 51ST TERRACE 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE

14. Thereby certify that the information supplied with this filing does not chalifundicated on this annual report or supplemental annual report is true included of the core of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an add use. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4. 2 NAME

5.1 TITLE 5.2 NAME

61TITLE 6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME DIRECTOR

DELETE

DELETE

Daytime Phone # 0422466

Change

Addition

Addition