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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 03 1996 8:00 am
Secretary of State

DOCUMENT # **V16394** **(1)**

1. Corporation Name

COS-MAR, INC.

Principal Place of Business	Mailing Address
ENTERPRISE BUSINESS CENTER NAPLES FL 33943 US	4380 ENTERPRISE AVE NAPLES FL 33942 US

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21: 4713 VIA CARMEN
22: Suite, Apt. #, etc
23: City & State: NAPLES, FL.
24: Zip: ~~33940~~ 34105
25: Country: COLLIER

2a. Mailing Address
26: 4713 Via Carmen
27: Suite, Apt. #, etc
28: City & State: Naples Fl.
29: Zip: ~~33~~ 34105
30: Country: Collier

4. FEI Number: 65-0312172 — 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

ODSTRCILIK, MILAN
6790 SANDALWOOD LN
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name ~~CHANGE~~
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 607.1508, 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 _____ (Signature, type/print name & title of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	PALEY, EILEEN	
STREET ADDRESS	4713 VIA CARMEN	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	☒ DELETE
NAME	MATTHEWS, BETTYE J	
STREET ADDRESS	4885 SHEARWATER LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	☐ DELETE
NAME	PALEY, GEORGE	
STREET ADDRESS	4713 VIA CARMEN	
CITY-ST-ZIP	NAPLES 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	300001885993	☐ Change ☐ Addition
5.2 NAME	-07/08/96--01001--035	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7-3-96 JR

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eileen Paley — 6/22/96 — 941-649-7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #