

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V26931 (8)
1. Corporation Name
CAMBRIDGE COZUMEL, INC.



Principal Place of Business
1412 W. COLONIAL DR.
SUITE 200
ORLANDO FL 32804
US

Mailing Address
1412 W. COLONIAL DR.
SUITE 200
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2221 Lee Road		26 2221 Lee Road		04/07/1992	
22 Sk 28		27 Sk 28		4. FEI Number	
23 Winter Park FL		28 Winter Park FL		59-3136546	
24 32789		29 32789		5. Certificate of Status Desired	
25 USA		30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing	
27		28		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible	
29		30		Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COSCIA, JACQUELINE 1412 W. COLONIAL DRIVE SUITE 200 ORLANDO FL 32804		81 Name Jacqueline Coscia Leccese	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		2221 Lee Rd	
		83 Sk 28	
		84 City Winter Park FL 85 Zip Code 32789	

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 *Jacqueline Coscia Leccese, Sec* DATE _____
(Signature of individual name of registered agent and title if applicable) (NEED Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ST
NAME	COSCIA, JACQUELINE	1.2 NAME	Jacqueline Coscia Leccese
STREET ADDRESS	1412 W. COLONIAL DRIVE, SUITE 200	1.3 STREET ADDRESS	2221 Lee Rd
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	ST	2.1 TITLE	
NAME	COSCIA, JACQUELINE	2.2 NAME	
STREET ADDRESS	1412 W. COLONIAL DRIVE, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Jacqueline Coscia Leccese* DATE *1/2/98*
(Signature of individual name of registered agent and title if applicable) (NEED Registered Agent signature required when reinstating)

CR2E034 (10/97)