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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:24

DOCUMENT # V54241 (7)

1. Corporation Name
COVE GROUP, INC.

Principal Place of Business	Mailing Address
~~7407 SE HILL TERRACE~~	~~7407 SE HILL TERRACE~~
~~HOBE SOUND FL 33455~~	~~HOBE SOUND FL 33455~~
US	US

DO NOT WRITE IN THIS SPACE.

Field	Value
2. Principal Place of Business [21]	6197 SE Federal Hwy
Suite, Apt. #, etc. [22]	
City & State [23]	Stuart Florida
Zip [24]	34997
Country [25]	US
2a. Mailing Address [26]	6197 SE Federal Hwy
Suite, Apt. #, etc. [27]	
City & State [28]	Stuart Florida
Zip [29]	34997
Country [30]	US
3. Date Incorporated or Qualified	07/24/1992
3a. Date of Last Report	02/15/1994
4. FEI Number	65-0350819 ☐ 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

GRISEBAUM, JAMES
~~7407 SE HILL TERRACE~~
~~HOBE SOUND FL 33455~~

10. Name and Address of New Registered Agent

81 Name: GRISEBAUM, JAMES
82 Street Address (P.O. Box Number is Not Acceptable): 6197 SE Federal Hwy
83
84 City: STUART FL 85 Zip Code: 34997

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOHN W	1.2 NAME	
STREET ADDRESS	7407 SE HILL TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	KRAMER, ROBERT S	2.2 NAME	
STREET ADDRESS	2307 SE MONTEREY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	DST ☒ Change ☐ Addition
NAME	GRISEBAUM, JAMES	3.2 NAME	GRISEBAUM, JAMES
STREET ADDRESS	~~7407 SE HILL TERRACE~~	3.3 STREET ADDRESS	6197 SE FEDERAL HWY
CITY-ST-ZIP	~~HOBE SOUND FL~~	3.4 CITY-ST-ZIP	STUART FLORIDA 34997
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 119.07(3)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0266301 CP