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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

COVENTRY INDUSTRIES CORP.

FILED Apr 13 1998 8:00am Secretary of State

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					{	
Principal Pla	ce of Business	Mailing Address				
7777 GLADE	S ROAD	7777 GLADES ROAD				
SUITE 211 BOCA RATON FL 33434		SUITE 211 BOCA RATON FL 33434			DO NOT WRITE IN THIS SPACE	
DOOR MATO	1112 00101	DOOR HATON IE BOYOT			3. Date Incorporated or Qualified	
					08/17/1992	
2. Principal	Place of Business	2s. Mailing Address			4. FEI Number Applied For	
21 26		26	26		65-0353816 Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Hequired	
City & Sta	ne	City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip Country		ru .	Trust Fund Contribution Added to Fees	
24	25		30	•	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.	
27	9, Name and Address of Curren		30 ₁		10. Name and Address of New Registered Agent	
Δ1	ILAS PEARLMAN & TROP PA		8	1 Name		
	OD EAST LAS OLAS		- -	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	JITE 1900		l°	2 Street Au	odiess (P.O. Box number is not Acceptable)	
	ORT LAUDERDALE FL 33301		8	3		
	on Brobandrae 12 00001		ä	4 City	ing 7in Code	
			°	City	FL B5 Zip Code	
11. Pursuan	t to the provisions of Sections 607,050	2 and 607 1508, Florida Statute	s, the abo	ve-named co	orporation submits this statement for the purpose of changing its registered	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607,0505, Flor	utnorizea i ida Statut	by the corpor 6s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered ages			gent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	D	DELETE	1.1 TITLE		Change C Addition	
NAME	CHESNUTT, ELLA	CLUTE	1.2 NAM	·		
STREET ADDRESS		, Suite a		ET ADDRESS		
CITY-ST-ZIP TITLE	NOXVILLE TN 37923	DELETE	1.4 CITY 2.1 TITLE		Change Addition	
NAME	DORROUGH, JAYME	A	2.2 NAM			
STREET ADDRESS		SUITE 5		ET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37923	, vone v	2. 4 CITY			
TITLE	DP	☐ DELETE	3 1 TITLE		Change Addition	
NAME	HAUSMAN, ROBERT		3.2 NAM	.		
STREET ADDRESS	l	1	3.3 STRE	ET ADDRESS		
City-St-ZiP	BOCA RATON FL 33434	=	3.4. CITY			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADORESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAM	:		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

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: