

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 567148 (2)**  
 Corporation Name  
**BARRY M. COHEN ASSOCIATES, INC.**



Principal Place of Business *ulmerton rd* Mailing Address  
~~604 CITRUS COURT LARGO FL 34640-3720~~ *10225 Ulmerton Rd Suite SA Largo, FL 33771-3520*  
~~604 CITRUS COURT LARGO FL 34640-3720~~ *1560 Gulf Blvd # 1202 Clearwater, FL 34630*

21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/17/1978</b>	3a. Date of Last Report <b>03/07/1996</b>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1812007</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State <i>see above</i>	27. City & State <i>see above</i>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	
COHEN, BARRY M. 604 CITRUS COURT LARGO FL 34640 <i>1560 Gulf Blvd # 1202 Clearwater, FL 34630</i>		81. Name	85. Zip Code <b>FL</b>
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	

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 *Barry M. Cohen* DATE **3/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, BARRY M.	1.2 NAME	
STREET ADDRESS	604 CITRUS COURT	1.3 STREET ADDRESS	<i>1560 Gulf Blvd # 1202</i>
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	<i>Clearwater, FL 34630</i>
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JEWEL D.	2.2 NAME	
STREET ADDRESS	604 CITRUS COURT	2.3 STREET ADDRESS	<i>1560 Gulf Blvd # 1202</i>
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	<i>Clearwater, FL 34630</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Barry M. Cohen* DATE **3/7/97**

CR2E034 (9/96)