

**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

**DOCUMENT # F26610 (8)**

1. Corporation Name

**MEREDITH J. COHEN, P.A.**



Principal Place of Business: **STE 455 LANDMARK CNTR II  
225 E ROBINSON ST.  
ORLANDO FL 32801**

Mailing Address: **STE 455 LANDMARK CNTR II  
225 E ROBINSON ST.  
ORLANDO FL 32801**

3. Date Incorporated or Qualified: **04/01/1981**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **59-2081302**

Applied For:  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

2. Principal Place of Business

21. Suite, Apt #, etc

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt #, etc

28. City & State

29. Zip

30. Country

**9. Name and Address of Current Registered Agent**

**COHEN, MEREDITH J  
225 E ROBINSON ST.  
ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE: **DP**  DELETE

NAME: **COHEN, MEREDITH J**

STREET ADDRESS: **225 E ROBINSON ST.**

CITY - ST - ZIP: **ORLANDO 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:

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  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96

Date

407-423-8556

Daytime Phone #

CR2E034 (3/96)