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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F26610

(8)

MEREDITH J. COHEN, P.A.

Principal	Place o	of Business

STE 455 LANDMARK ONTR II 225 E ROBINSON ST. ORLANDO FL 32801

Mailing Address

STE 455 LANDMARK ONTR II 225 E ROBINSON ST. ORLANDO FL 32801-4322

**FILED** May 12 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified	3a. Date of Last Report
				04/01/1981	06/11/1996
2. Principal P	Place of Business 2a. Heiling Ac	17 SS 42	241	4. FEI Number	Applied For
21 ØJ	West Fairbonk Ne. 26 1.0.1 # etc. Suite, Apt	BOX 62	770	59-2081302	Not Applicable
22 /	to Pork, 16: 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	City & Sta	te	,	6. Election Campaign Financing	\$5.00 May Be
23 N 1 m	K-12-K, PL. 28 /V/	ear, r	<u>-</u> .	Trust Fund Contribution	Added to Fees
7 7	Country A 2000	(7	untry	8. This corporation has liability for in	
24 76 70		30	V) n		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  COUCH MEDITION 81 Name					
	HEN, MEREDITH J		oi Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801					
			83		
			84 City		85 Zip Code
			<u> </u>		FL
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Fi egistered agent, or both, in the State of Florida. Such ch m familiar with, and accept the obligations of, Section 6	orida Statutes, the a rance was authoriza	above-named co ad by the coroo	orporation submits this statement for the puration's board of directors. I bereby accept	urpose of changing its registered
agent. La	m familiar with, and accept the obligations of, Section 6	07.0505, Florida Sta	atutes.	, and , a 242 a d a g 2000 b 1 1 10 10 5 7 2000 b	The appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent and title if applicable			quired when reinstating)	DATE
lifte	OFFICERS AND DIRECTORS	DELETE 1.1.1	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	
	, <del>,</del>		TITLE	yeresith J. Coher 631 West Pairbands Winter Park, Fl.	Change Addition
NAME	COHEN, MEREDITH J		VAME	21 1/2 + Prombantes	Ave.
STREET ADDRESS	225 E ROBINSON ST.		STREET ADDRESS	631 1001 1310 0010	22266
C(1Y+ST ZIP	ORLANDO FL		CITY-ST-ZIP	WINKS PERK, PL.	52187
TITLE		DELETE 2.11		•	Change Addition
NAME			VAME		
STREET ADORESS		2.3 5	STREET ADDRESS		·
CITY ST-ZIP			CITY-ST-ZIP		
TOTLE		DELETE 3.11		• *	Change  Addition
NAME		3.2 1	NAME		·
STHEET ADDRESS		3.3 8	STREET ADDRESS		
CilY-S₹-7₽			CITY-ST-ZIP		
TOTLE	LJ	DELETE 4.1 T	ITLE		Change  Addition
NAME		4.21	NAME		į
STREET ADDRESS		4.3 \$	STREET ADDRESS		1
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		DELETE 5.1 T	TITLE		Change Addition
NAMÉ		5.2	AME		·
STREET ADDRESS		5.3 \$	STREET ADDRESS		1
CITY - ST - ZIP		5.4 0	CITY-ST-ZIP		1
TITLE		DELETE 6.1 T	TLE		☐ Change ☐ Addition
NAME		6.2 N	IAME		·
STREET ADDRESS		6.3 \$	STREET ADDRESS		l
CITY-ST-ZIP			CITY-ST-ZIP		
	by certify that the information supplied with this filing doe			ted 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: