

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # G00765 (9)**

1. Corporation Name  
**Mel Cohen & Associates, Inc.**

Principal Place of Business  
**701 W. Union Street  
Jacksonville, Fl. 32202**

Mailing Address  
**701 W. Union Street  
Jacksonville, Fl. 32202**

3. Date Incorporated or Qualified **09/21/1982** 3a. Date of Last Report **March 1995**

2. Principal Place of Business  
21 [ ] Suite, Apt. #, etc.  
22 [ ] City & State  
23 [ ] Zip [ ] Country  
24 [ ] [ ]  
25 [ ] [ ]  
26 **719 E. Union Street**  
27 [ ] Suite, Apt. #, etc.  
28 **Jacksonville, FL**  
29 **32206** 30 **DUVAL**

4. FEI Number **59-2287215** 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  
**Stone, Ronnie  
3850 Marianna Road  
Jacksonville, Fl. 32217**

10. Name and Address of New Registered Agent  
81 Name [ ]  
82 Street Address (P.O. Box Number is Not Acceptable) [ ]  
83 [ ]  
84 City **FL** 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 [ ] DATE [ ]  
Signature: Type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	T	[ ] DELETE
NAME	Cohen, Shirley M.	
STREET ADDRESS	500 Ocean Front	
CITY-ST-ZIP	Neptune Beach, Fl.	
TITLE	P	[ ] DELETE
NAME	Cohen, Mel	
STREET ADDRESS	500 Ocean Front	
CITY-ST-ZIP	Neptune Beach, Fl.	
TITLE	D/S	[ ] DELETE
NAME	Stone, Ronnie	
STREET ADDRESS	3850 Marianna Road	
CITY-ST-ZIP	Jacksonville, Fl.	
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	[ ] Change [ ] Addition
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

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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: **Ronnie C. Stone** **Ronnie C. Stone** 4/11/96 904.354-4912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dept. File No.

CR2E034 (12/95)