

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

**FILED**  
**Feb 05, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-05-1999 90002 022 \*\*\*\*150.00

**DOCUMENT # G68892**

Corporation Name  
**COHEN & THURSTON, P.A.**



Principal Place of Business Mailing Address  
 3 BLANDING BLVD. 1723 BLANDING BLVD.  
 JACKSONVILLE FL 32210 102 JACKSONVILLE FL 32210  
 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
 City & State 28 City & State  
 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified  
**11/14/1983**  
 4. FEI Number Applied For  
**59-2343952** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**COHEN, LANCE PAUL**  
**1723 BLANDING BLVD**  
**SUITE 102**  
**JACKSONVILLE FL 32210**

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

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 signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DELETE	DP COHEN, LANCE PAUL 1723 BLANDING BLVD STE 102 JACKSONVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE	DS THURSTON, JANET HALL 1723 BLANDING BLDG STE 102 JACKSONVILLE FL	1.2 NAME	
DELETE		1.3 STREET ADDRESS	
DELETE		1.4 CITY-ST-ZIP	
DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		2.2 NAME	
DELETE		2.3 STREET ADDRESS	
DELETE		2.4 CITY-ST-ZIP	
DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		3.2 NAME	
DELETE		3.3 STREET ADDRESS	
DELETE		3.4 CITY-ST-ZIP	
DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		4.2 NAME	
DELETE		4.3 STREET ADDRESS	
DELETE		4.4 CITY-ST-ZIP	
DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		5.2 NAME	
DELETE		5.3 STREET ADDRESS	
DELETE		5.4 CITY-ST-ZIP	
DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		6.2 NAME	
DELETE		6.3 STREET ADDRESS	
DELETE		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, with all other like empowered.

SIGNATURE: *[Signature]* Date: **1-15-99** Daytime Phone #: **904/388-6500**

CR2E034 (11/98)