FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76033 (5)

1. Corporate Name
COHN & BILELLO, P.A.

Principal Place of Business
% LEONARD COHN, D.C.
4340 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

Mailing Address
% LEONARD COHN, D.C.
4340 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

(NEW ITEMS IN THIS SPACE)

3. Date Incorporated or Qualified: 03/27/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. # or PO
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or PO
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0134463
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. The corporation is [X] Yes [ ] No Florida Statutes

9. Name and Address of Current Registered Agent

COHN, LEONARD
4340 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

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 Section 607.0502 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

12. OFFICERS AND DIRECTORS

Title	DP
Name	COHN, LEONARD C.
Address	4340 W OAKLAND PARK BLVD
City, St, Zip	LAUDERDALE LAKES FL
Title	D
Name	BILELLO, VINCENT
Address	4340 W OAKLAND PARK BLVD
City, St, Zip	LAUDERDALE LAKES FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title
Name
Address
City, St, Zip
[ ] Change [ ] Addition

Title
Name
Address
City, St, Zip
[ ] Change [ ] Addition

Title
Name
Address
City, St, Zip
[ ] Change [ ] Addition

Title
Name
Address
City, St, Zip
[ ] Change [ ] Addition

Title
Name
Address
City, St, Zip
[ ] Change [ ] Addition

Title
Name
Address
City, St, Zip
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report, including any attachments, is true and accurate. For profit corporations, the name and address of each Florida officer and director must be stated. Reinstatement may be subject to late fees. Please see filing instructions for more information concerning the correct fees. Failure to file this report may result in administrative dissolution of the corporation.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0222464 CP