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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Principal Place of Business Robert F. COHEN, P.A. Making Address R281 N DALE MARRY 108	Principal Place of Busin 7821 N DALE MABRY 106 TAMPA FL 33614	HEN, P.A.	Mailing Address 7821 N DALE MABRY 106				DI BABU BURU DARK DI	PRI Bio nio J os e
REAL NOLE MARRY 105 TAMPA FL 33614 US 2. Principal Place of Business 2. Principal Place of Business 3. 2a. Mailing Andress 4. FEI Number 107,001/1989 3. Country 2. Surie, Apt. #, etc. 22. Surie, Apt. #, etc. 23. City & State 24. City & State 25. Country 26. Country 27. Country 28. This corporation ones or has paid the current-paid in the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-hand corporation submits this statement for the purpose of changing its registered displace or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered forms and reduction or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered forms. 11. Pursuant to the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-hand corporation submits this statement for the purpose of changing its registered folice or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered folices or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered of corporation submits this statement for the purpose of changing its registered folice or registered agent, are both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered folice or registered agent, are both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered folices or registered agent, are both, in this State of Florida, Such sharings are sharings and authorized by the corporation submits this statement for the purpose of changing its registered agent. Figu	7821 N DALE MABRY 106 TAMPA FL 33614	ess	7821 N DALE MABRY					
REAL NOLE MARRY 105 TAMPA FL 33614 US 2. Principal Place of Business 2. Principal Place of Business 3. 2a. Mailing Andress 4. FEI Number 107,001/1989 3. Country 2. Surie, Apt. #, etc. 22. Surie, Apt. #, etc. 23. City & State 24. City & State 25. Country 26. Country 27. Country 28. This corporation ones or has paid the current-paid in the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-hand corporation submits this statement for the purpose of changing its registered displace or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered forms and reduction or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered forms. 11. Pursuant to the provisions of Sections 607 0507 and 607 1508, Florida Statutes, the above-hand corporation submits this statement for the purpose of changing its registered folice or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered folices or registered agent, or both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered of corporation submits this statement for the purpose of changing its registered folice or registered agent, are both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered folice or registered agent, are both, in this State of Florida, Such sharings was authorized by the corporation submits this statement for the purpose of changing its registered folices or registered agent, are both, in this State of Florida, Such sharings are sharings and authorized by the corporation submits this statement for the purpose of changing its registered agent. Figu	7821 N DALE MABRY 106 TAMPA FL 33614	ess	7821 N DALE MABRY					
TAMPA FL 38814 S	106 TAMPA FL 33614		106					
TAMPA FL 33814 TAMP	TAMPA FL 33614							
US Defended Place of Business 2a. Mealing Address 2b. Mealing Address 2c. Suite, Apt if, etc. 2c. Su	US					DO NOT WRITE IN THIS SPACE		
2. Principal Pilece of Business 28. Mailing Address 4. FEI Number Application Sp-2977061 Next Application Sp-2977061 Next Application Sp-2977061 Next Application Sp-2977061 Next Application Sp-2977061 Sp-2977061 Next Application Sp-2977061 Sp-2						' '		
Suite, Apl. #, etc.	2, Principal Place of Bu	siness	2a, Mailing Address				i la	polied For
City & State						59-2977061	 	
COHEN, ROBERT F. 7821 N DALE MABRY SUITE 108 11. Pursuant to the provisions of Soctions 607 0509 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. 11. Pursuant to the provisions of Soctions 607 0509 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent and address of continuing its statement for the purpose of changing its registered agent and accept the obligations of Soctions 607 0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of Soctions 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent lam familiar with and accept the obligations of Soctions 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent lam familiar with and accept the obligations of Soctions 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent lam familiar with and accept the obligations of Soctions 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent lam familiar with and accept the obligations of Soctions 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent lam familiar with and accept the obligations of Soctions 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent lam familiar with an addressed the obligations of Soctions 607 0505, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent lam familiar with an addressed the obligations of Soctions 607 0505, Florida Stat	-		<u> </u>				,	
Zip Country Zip Country Zip Country Zip Country Zip						6 Flection Campaign Financing		·•••••
22 29 29 30 9 Personal Property Tax due June 30. 29 7cs No. Name and Address of Current Registered Agent 10. Name and Address of New Registered				,				
Name and Address of Current Registered Agent 10, Name and Address of New Registered 10, Name and Address		h '	⊢ .		у			
TAMPA FL 33814 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent an Internst with and accept the obligations of, Section 607 0505, Florida Statules, the above-named corporation's board of directors. Thereby accept the appointment as registered agent an Internst with and accept of, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent an Internst with and accept of, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent an Internst with an Internst with a purpose of changing its registered agent agen	9, Nan			30				No
SUTE 106 TAMPA FL 33814 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-hamed corporation submits this statement for the purpose of changing its registered agent and than familiar with, and accept the obligations of, Soction 607.0505, Florida Statules, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent and than familiar with, and accept the obligations of, Soction 607.0505, Florida Statules, the corporation's board of directors. I hereby accept the appointment as registered agent and their significant (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P OFFICERS AND DIRECTORS 12 Addition NAME COHEN, ROBERT F. 12. NAME 13. SIREET ADDRESS 7821 N DALE MABRY, #106 13. SIREET ADDRESS 7821 N DALE MABRY, #106 13. SIREET ADDRESS CITY-S1-2IP 17. Change Addition NAME STREET ADDRESS CITY-S1-2IP TITLE DELETE 3. STREET ADDRESS CITY-S1-2IP 17. Change Addition 4. Cha	COHEN, RO	BERT F.		81	Name	-		
TAMPA FL 33814 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statules, the above-hamed corporation submits this statement for the purpose of changing its 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 and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Part	·	E MABRY		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
### City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Provisions of Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panifed familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, byte dior panif		2014		83				
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 agent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Tan familiar with, and accept the obligation	IAMPA FL 3	30 14						
Agent 1 am tamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, bytection pention interest applicable (NOTE Registered Agent a gnature required when reinstating) DATE				84	City		FL 85 Zip	Code
Signature: tyre discreted agend ment ble's applicable Registered Agend segnature required when reinstating) DATE TILLE Change Addition Change Addition Change Addition Change	agent I am familiar	isions of Sections 607.0502 igent, or both, in the State o with, and accept the obligat	and 607.1508, Florida Statu of Florida. Such change was fions of, Section 607.0505, Fl	ites, the abov authorized b lorida Statute	re-named corp y the corporat s.	poration submits this statement for the purp- tion's board of directors. I hereby accept the	ose of changing le appointment as	ts registered registered
DELETE DELETE 11 TITLE Change Addition	Signature, tyr				ilupet erutsing a Ine			
NAME COHEN, ROBERT F. 12 NAME 1.3 STREET ADDRESS 7821 N DALE MABRY, ₱106 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP 1.5 TREET ADDRESS 1.5 TREET ADDR		OFFICE NO AIND				ADDITIONS/CHANGES TO OFFICERS	_	
TAMPA FL	NAME COHE	i, robert f.		1.2 NAME				
TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME				1.3 STREET	T ADDRESS			
NAME		FL	- Drivere		ST-ZIP	· · · · · · · · · · · · · · · · · · ·	П.	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY_ST-ZIP 2.4 CITY_ST-ZIP 2.4 CITY_ST-ZIP 2.4 CITY_ST-ZIP 2.5 CITY_ST-ZIP 2.5 CITY_ST-ZIP 2.5 CITY_ST-ZIP 2.5 CITY_ST-ZIP 2.5 CITY_ST-ZIP 2.5 CITY_ST-ZIP 3.4 CITY_ST-ZIP 3.4 CITY_ST-ZIP 3.4 CITY_ST-ZIP 3.4 CITY_ST-ZIP 3.5 CITY_ST-ZIP 3.5 CITY_ST-ZIP 3.6 CITY_ST-ZIP 3.6 CITY_ST-ZIP 3.6 CITY_ST-ZIP 3.7 CITY			☐ DEFEIE				☐ Change	L Addition
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition					T ADORESS			
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition	CITY-ST-ZIP							
STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4. CHY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition	TITLE		DELETE	_			☐ Change	Addition
CHY-ST-ZIP 3.4. CHY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition				3.2 NAME				
TifLE DELETE 4.1 TITLE Change Addition								
			DELETE		ST-ZIP		Change	Addition
	1		[_] Dett it				L Change	L Abdition
STREET ADDRESS 4.3 STREET ADDRESS				1				
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP			1				
TITLE DELETE 5.1 TITLE Change Addition			DELETE				☐ Change	Addition
NAME 5.2 NAME				5.2 NAME				
STREET ADDRESS 5.3 STREET ADDRESS	STREET ADORESS			5.3 STREET	ADDRESS			
	CITY-ST-ZIP		Totiere		ST-ZIP			A S AND
CITY-ST-ZIP 5.4 CITY-ST-ZIP	i						L unange	ADDITION
	STREET ADDRESS				ADDRESS			

64 CITY - ST - ZIP 14. 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 change it, or on an attachment with an address.

FILED

Mar 30 1998 8:00am