

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V69582 (7)			
1. Corporation Name BRUCE COHEN, INC.			
Principal Place of Business 915 RIVERSIDE DR #511 CORAL SPRINGS FL 33071		Mailing Address 915 RIVERSIDE DR #511 CORAL SPRINGS FL 33071	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COHEN, BRUCE 915 RIVERSIDE DR #511 CORAL SPRINGS FL 33071		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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DPS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	COHEN, BRUCE	11 TITLE	Change Addition
STREET ADDRESS	915 RIVERSIDE DR #511	12 NAME	
CITY-ST-ZIP	CORAL SPRINGS FL	13 STREET ADDRESS	
TITLE	DVT	14 CITY-ST-ZIP	Change Addition
NAME	COHEN, MAUREEN	21 TITLE	
STREET ADDRESS	915 RIVERSIDE DR #511	22 NAME	
CITY-ST-ZIP	CORAL SPRINGS FL	23 STREET ADDRESS	
TITLE		24 CITY-ST-ZIP	Change Addition
NAME		31 TITLE	
STREET ADDRESS		32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
TITLE		34 CITY-ST-ZIP	Change Addition
NAME		41 TITLE	
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
TITLE		44 CITY-ST-ZIP	Change Addition
NAME		51 TITLE	
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
TITLE		54 CITY-ST-ZIP	Change Addition
NAME		61 TITLE	
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
TITLE		64 CITY-ST-ZIP	Change Addition

14. I do 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.

SIGNATURE: *BRUCE COHEN* SIGNATURE REQUIRED



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1992	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0358160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

CR2E034 (4/97)

7/25/97 954-752-1585