

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

FILED

96 DEC 11 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013056 (5)

1. Corporation Name

PHILIP COHEN & ASSOCIATES, INC.

REINSTATEMENT *95-96*

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
~~4308 HONEY VISTA CIRCLE~~ ~~TAMPA FL 33602~~
100 N. Tampa St. #2150 100 N. Tampa St. #2150
Tampa, Florida 33602 Tampa, Florida 33602

3. Date Incorporated or Qualified **02/19/1993** 3a. Date of Last Report **08/10/1994**
4. FEI Number **APPLIED FOR 59-3169874** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
COHEN, PHILIP
4308 HONEY VISTA CIRCLE
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name **Wurdeman, James E.**
82 Street Address (P.O. Box Number is Not Acceptable) **100 N. Tampa Street, Suite 2150**
83
84 City **Tampa** 85 Zip Code **FL 33602**

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]* DATE **12-6-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COHEN, PHILIP
STREET ADDRESS	4308 HONEY VISTA CIRCLE
CITY, ST, ZIP	TAMPA FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WURDEMAN, JAMES E.
1.3 STREET ADDRESS	100 N. Tampa Street, Suite 2150
1.4 CITY - ST - ZIP	Tampa, Florida 33602
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOPPER, HOWARD
2.3 STREET ADDRESS	11 Michael Court
2.4 CITY - ST - ZIP	Hudson, New York 12534
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	500002030575--B
3.3 STREET ADDRESS	-12/17/96--01069--015
3.4 CITY - ST - ZIP	*****575.00 *****575.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500002030575--B
4.3 STREET ADDRESS	-12/17/96--01069--016
4.4 CITY - ST - ZIP	*****8.75 *****8.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(4), 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: *[Signature]* DATE **12-6-96** DAYTIME PHONE # **813-226-1190**
Signature and typed or printed name of signing officer or director