

**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 <del>4308 HONEY VISTA CIRCLE TAMPA FL 33624</del> 100 N. Tampa St. #2150 Tampa, Florida 33602	Mailing Address <del>4308 HONEY VISTA CIRCLE TAMPA FL 33624</del> 100 N. Tampa St. #2150 Tampa, Florida 33602
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3. Date Incorporated or Qualified <b>02/19/1993</b>	3a. Date of Last Report <b>08/10/1994</b>
4. FEI Number <b>APPLIED FOR 59-3169874</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent <b>COHEN, PHILIP 4308 HONEY VISTA CIRCLE TAMPA FL 33624</b>	10. Name and Address of New Registered Agent 81 Name <b>Wurdeman, James E.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>100 N. Tampa Street, Suite 2150</b> 83 84 City <b>Tampa</b> 85 Zip Code <b>FL 33602</b>
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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: *James E. Wurdeman* DATE: **12-6-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D COHEN, PHILIP 4308 HONEY VISTA CIRCLE TAMPA FL 33624</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D WURDEMAN, JAMES E. 100 N. Tampa Street, Suite 2150 Tampa, Florida 33602</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D TOPPER, HOWARD 11 Michael Court Hudson, New York 12534</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500002030575--B -12/17/96--01069--015 *****575.00 *****575.00</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500002030575--B -12/17/96--01069--016 *****8.75 *****8.75</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James E. Wurdeman* DATE: **12-6-96** DAYTIME PHONE #: **813-226-1190**