## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** 



ANNU	CORPORATION ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUN 1. Corporation	MENT #	P930000	24729 (	4)								
M. RO	Y COHEN, INC	•						i liganieri ad color allii	Adili Reyl	. <b></b>	MAII DIDIL M	<b>i i i i i i i i i i i i i i i i i i i </b>
Principa' Place of Business Mailing Address												
762 LAKESHORE BOULEVARD INCLINE BILLAGE NV 89450 US			774 MAYS BOULEVARD SUITE 10 INCLIN VILLAGE NV 89451 US				3. Date Incorporated or Ot 04/02/1993	alified	1	e of Last F	•	
2. Principal Pa 21	on of Business	2a. 26	Mailing Address	· · · · · · · · · · · · · · · · · · ·				4. FEI Number		L		Applied For
Suite, Apt. #	Suite, Apt. #. etc.			Suite, Apt. #, etc.				<b>65-0399083 5.</b> Certificate of Status Des				Not Applicable  5 Additional
City & State			City & State					Election Campaign Final			Fee	Required
23	- · · · · · · · · · · · · · · · · · · ·	28						Trust Fund Contribution			Adde	00 May Be ed to Fees
Ζιρ [ <b>24</b> ]	Cour [25]	29	Zφ	30 Cou	intry			This corporation has liab Florida Statutes	ility for in □ Yes		ix under s	199.032,
	9. Name and Add	ress of Current Regis	lered Agent					10. Name and Address of		_	Agent	
KUSHN	er, les				81	Name						
3230 S	TIRLING ROAD				82	Street	t Addres	ss (P.O. Box Number is Not A	ceptable	9)		
HOLLYV	VOOD FL 33021				83							
					84	City					85 Z	ip Code
SIGNATURE	y care discourt the etgi	gations of Section 607.0 cotrage baset agent and little it a	pplicaté (N	5.				tion submits this statement for of directors. I horeby accept to the resisting in ADDITIONS/CHANGES.		DATE		
10.8	PTD		DELETE	1 1 7	TLE		T	, and the state of	001110		_ Change	Addition
NAME STREET ADDRESS	COHEN, M. RO			12 N/								
CUT-S, No.	INCLINE BILLA	JLEVARD, SUITE 10 GE NV			TREET A TY-ST	ADDRESS 710						
MUF	SDVP	<u> </u>	DELETE	2 1 1		- 217	<del>                                     </del>	, , , , , , , , , , , , , , , , , , ,			Change	Addition
NAME	COHEN, LAUR			2 2 N/	-							_
SIRE: LADORESS C-LY+ST-Z-P	INCLINE BILLA	JLEVARD, SUITE 10			REET A TY-ST	DDRES3						
THUE	MOLNIE DILLA	<u> </u>	DELETE	3 1 Ti		· 21P	<del> </del>				Change	Addition
NAME				3 2 N/						_	-	—
STREET ADDRESS City St. Zin						ADDRESS						
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NAME				4.2 N	ME					_		
S RELEADORESS				4.3 ST	REETA	DORESS						
COLY-ST ZIF			DELETE	4 4 CI 5 1 TI	TY-ST	- ZIP					] Change	Addition
nami				5 2 N4						L	] change	☐ Addition
STEEL ACORESS				5381	REETA	DORESS						
CHY-S1, 7/P 10. F			DEI EIX		IY-SI	- <u>ZIP</u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
NAMI			DELETE.	6 1 TI 6 2 NA			ļ				] Change	☐ Addition
STREET ADDRESS						DDRESS						
_C1Y_S1-Z =				640	TY-S1	71P						
oath: fhat L	am ar, officer or direc		or supplemental and	iual report is				the exemption stated in Section and that my signature shall have port as required by Chapter				

**SIGNATURE:** 

LAUREN COHEN