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FILED
Feb 05, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-05-1999 90002 022 ****150.00

DOCUMENT # G68892

Corporation Name
COHEN & THURSTON, P.A.



Principal Place of Business Mailing Address
 1723 BLANDING BLVD. 1723 BLANDING BLVD.
 JACKSONVILLE FL 32210 102 JACKSONVILLE FL 32210
 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
11/14/1983
 4. FEI Number Applied For
59-2343952 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
COHEN, LANCE PAUL
1723 BLANDING BLVD
SUITE 102
JACKSONVILLE FL 32210

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

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

OFFICERS AND DIRECTORS		13.
NAME	DP COHEN, LANCE PAUL <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1723 BLANDING BLVD STE 102	1.2 NAME
CITY-ST-ZIP	JACKSONVILLE FL	1.3 STREET ADDRESS
NAME	DS THURSTON, JANET HALL <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
STREET ADDRESS	1723 BLANDING BLDG STE 102	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	JACKSONVILLE FL	2.2 NAME
NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
STREET ADDRESS		2.4 CITY-ST-ZIP
CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
NAME	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS
NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
STREET ADDRESS		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME
NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
STREET ADDRESS		5.4 CITY-ST-ZIP
CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **1-15-99** Daytime Phone #: **904/388-6500**

CR2E034 (11/98)