

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 505007 (5)

1. Corporation Name

THE TIMES OF BAL HARBOUR, BAY HARBOR, SURFSIDE,
INC.

Principal Place of Business

9225 COLLINS AVE #704
P. O. BOX 6353
SURFSIDE FL 33154

Mailing Address

9225 COLLINS AVE #704
P. O. BOX 6353
SURFSIDE FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1976	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1693250	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. 189.032, 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	29

9. Name and Address of Current Registered Agent

COHN, PETER H.
9225 COLLINS AVE #704
SURFSIDE FL 33154

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

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	COHN, PETER H.	1.2 NAME	
STREET ADDRESS	9225 COLLINS AVE. # 704	1.3 STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL 33154	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	OLIVERI, EDITH C	2.2 NAME	
STREET ADDRESS	10350 W BAY HARBOR DR 8V	2.3 STREET ADDRESS	
CITY - ST - ZIP	BAY HBR ISLANDS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	COHN, BIANCA	3.2 NAME	
STREET ADDRESS	9225 COLLINS AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SURFSIDE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER H. COHN

4-24-95

305-866-6020