FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name ADAMS, ROSENTHAL AND COHEN, P.A. Principal Place of Business Mailing Address 8341 JOHNSON STREET HOLLYWOOD FL 33021-5419								
					3. Date incorporated or Qualified 01/11/1967		e of Last Re 1/1996	port
	lace of Business	28. Mailing Address	L /:		4. FEI Number 59-1159791		Apr	plied For
21 405 Suite, Apt	O Sheridanst	26 40505Ne	surgant				\$8.75 A	Applicable
22		27			Certificate of Status Desired	<u></u>	Fee Rec	
23 H 3 (ywood Fl	City & State	FI		6. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
Zip	Country	Zip	Country	1	8. This corporation has liability for	·		
24530'9	21 25 Broward	29B3081 30	Brown	91			No.	
9. Name and Address of Current Registered Agent ADAMS .CHARLES B JR., 81 Name . \(\hat{\Omega} \)					10. Name and Address of New Registered Agent			
ANALIOUNION CY				Address (P.O. Box Number is Not Acceptable)				
HOL	LYWOOD FL 33021		740	20	Sheridan	<u>27-</u>		
2			83 5	tic	G. 5			1
			84 City	الد	umand	FL	85 Zip C	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								
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 Internal advection to office or solvent the obligations of, Section 607,0505, Florida Statutes.								
SIGNATURE	Signar are layed or printed name of registerical agent		egistered Agent eignature r			DATE		
12.	OFFICERS AND	DIRECTORS	13,		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 12
TITLE	PD	DELETE	1.1 TITLE	ĞD.	seuthal, Alfred	(R.	Change	Addition
NAME	ADAMS ,CHARLES JR., 3341 JOHNSON ST		12 NAME	HO	2010 Shevidon c	- -	•	;
STREET ADDRESS	HOLLYWOOD FL	_				1608		ļį.
CITY-ST ZIF TIPLE	VO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				hange	Addition
NAME	COHEN,MURRAY N	r	2.2 NAME	Ada	ume, Charles B 500 Cheridan	, 4.	10	-
STREET ADDRESS	3341 JOHNSON ST		2.3 STREET ADDRESS	40	200 ENGLIGON			
CHIV-S1-ZIP	HOLLYWOOD FL		2 4 CITY+ST-ZIP		Mu wood Pl.			
THILL .	STD ROSENTHALALFRED R	DELETE	* *	772		_ '	Change	Addition
NAME STREET ADDRESS	3341 JOHNSON ST		3.2 NAME 3.3 STREET ADDRESS	UN	200 Sheridan	67	,	1
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-ST-ZIP	1/2	My wood Fl. 3	3302	1	
THUE		☐ DELETE	4.1 TITLE		73.7		Change	Addition
NAMI"			4.2 NAME					1
STREET ACCURESS			4.3 STREET ADDRESS					ļ
CITY-ST-ZIF		T DELETE	4.4 CITY - ST - ZIP				Channe	Addition
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			52 NAME		:			
STREET ADDRESS			5.3 STHEET ADDRESS 5.4 City-St-Zip					'
CITY - \$1 - ZIP		DELETE	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 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 of the poliver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Mock 13 if planged, or once attachment with an address.

SIGNATURE:

Daytme Phone #

FILED

May 14 1997 8:00am

Secretary of State

0131101