


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

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 687861 (5)
1. Corporation Name
HOWARD ALLEN COHEN, P.A.

Principal Place of Business 1ST UNION FINANCIAL CENTER 200 S BISCAYNE BLVD. #4750 MIAMI FL 33131 US	Mailing Address 1ST UNION FINANCIAL CENTER 200 S BISCAYNE BLVD. #4750 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10256 1946 Tynan Street Suite, Apt. #, etc. City & State Cooper City FL Zip 33026-4906 Country US	2a. Mailing Address 10256 Charleston Pl Suite, Apt. #, etc. City & State Cooper City FL Zip 33026-4906 Country US	3. Date Incorporated or Qualified 09/16/1980	4. FEI Number 59-2023656	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	29	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent COHEN, HOWARD A. FIRST UNION FINANCIAL CENTER #4750 200 S BISCAYNE BLVD MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name Howard Allen Cohen 82 Street Address (P.O. Box Number is Not Acceptable) 1946 Tynan Street 83 84 City Hollywood FL 85 Zip Code 33020
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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:  DATE: 4/9/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST COHEN, HOWARD A. FIRST UNION FINANCIAL CENTER #4750 MIAMI FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	10756 Charleston Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Cooper City FL 33026-4906
TITLE	D COHEN, HOWARD A. FIRST UNION FINANCIAL CENTER #4750 MIAMI FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	10756 Charleston Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Cooper City FL 33026-4906
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 in an attachment with an address.

SIGNATURE:  DATE: 4/9/98 954-625-5501

CR2E034 (10/97)