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**Mar 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 689332 (5)**

1. Corporation Name  
**J & T ASSOCIATE INVESTMENT CORPORATION**



Principal Place of Business: **1101 COLONY POINT CIRCLE SUITE 301 PEMBROKE PINES FL 33026**

Mailing Address: **1101 COLONY POINT CIRCLE SUITE 301 PEMBROKE PINES FL 33026-2802**

3. Date Incorporated or Qualified: **09/26/1980**

3a. Date of Last Report: **01/24/1996**

4. FEI Number: **59-2053485**

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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt. #, etc: 22

City & State: 23

Zip: 24

Country: 25

City & State: 27

City & State: 28

Zip: 29

Country: 30

9. Name and Address of Current Registered Agent

**COHEN, THOMAS  
1101 COLONY POINT CIRCLE  
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **V**

NAME: **COHEN, MERRILL**

STREET ADDRESS: **312 DARTH MOUTH ST**

CITY-ST-ZIP: **BOSTON MA**

TITLE:  DELETE

NAME: **PDT COHEN, THOMAS**

STREET ADDRESS: **1101 COLONY POINT CIRCLE**

CITY-ST-ZIP: **PEMBROKE PINES, FL 00000**

TITLE:  DELETE

NAME: **S COHEN, THOMAS**

STREET ADDRESS: **1101 COLONY PT CIRCLE**

CITY-ST-ZIP: **PEMBROKE PINES, FL 00000**

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:  DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE: *Thomas Cohen* **THOMAS COHEN** 3/17/97 954-431-5942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)