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**Mar 21 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 # **F78622 (0)**
1. Corporation Name
JERROLD A. COFF, P.A.



Principal Place of Business: **2850 EVANS STREET HOLLYWOOD FL 33020**
Mailing Address: **2850 EVANS STREET HOLLYWOOD FL 33020-1120**

3. Date Incorporated or Qualified: **05/03/1982**
3a. Date of Last Report: **08/09/1996**
4. FEI Number: **59-2189099** 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. State, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country
25. Zip Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip Country
30. Zip Country

9. Name and Address of Current Registered Agent
**COFF JERROLD A
2850 EVANS STREET
HOLLYWOOD FL 33020**

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 607.0507 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, to 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
12.1 TITLE: **P**
12.2 NAME: **COFF, JERROLD A**
12.3 STREET ADDRESS: **2850 EVANS STREET**
12.4 CITY-ST-ZIP: **HOLLYWOOD FL 33020**
12.5 TITLE: DELETE
12.6 NAME:
12.7 STREET ADDRESS:
12.8 CITY-ST-ZIP:
12.9 TITLE: DELETE
12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY-ST-ZIP:
12.13 TITLE: DELETE
12.14 NAME:
12.15 STREET ADDRESS:
12.16 CITY-ST-ZIP:
12.17 TITLE: DELETE
12.18 NAME:
12.19 STREET ADDRESS:
12.20 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-ST-ZIP:
13.5 TITLE: Change Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY-ST-ZIP:
13.9 TITLE: Change Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY-ST-ZIP:
13.13 TITLE: Change Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 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)(j), Florida Statutes. I further certify that the information included 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: *Jerrald A. Coff*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97 (951) 927-1070
Date Daytime Phone

CR2E034 (9/96)