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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

**DOCUMENT # F86215** 



Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 01, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

03-01-1999 90188 013 \*\*\*150.00



	COHN & ASSOCIATES, INC	•						
Principal Place	e of Business	Mailing Address				E IMITA MITLE ITANI ILUNI DISI N	<b>a</b> ji <b>a</b> j <b>a</b> () <b>a</b> jait at	
% DAVID COHN 2290 KEYSTON NORTH MIAMI	n Ie Boulevard	% DAVID COHN 2290 KEYSTONE BOULEVARI NORTH MIAMI FL 33181	KEYSTONE BOULEVARD			DO NOT WRITE IN T	HIS SPACE	
	. 2 00.0.				3. Date Incorpora 06/16/1982			
		- Mailine Address	<del></del>		4. FEI Number			Applied For
<del></del> -	Place of Business	2a. Mailing Address			59-2200443	ł	H	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	+	~			~ - \$8:7	5 Additional
22	. <del>11</del> , 610.	27			5. Certifcate of St	tatus Desired		Required
City & Stat	te	City & State			6. Election Camp.	aign Financing	\$5.	00 мау Ве
23		28			Trust Fund Co			ed to Fees
Zip	Country	Zip	Country	,	8. This corporation	n owes the current year		/
24	25	29	10		Personal Propo	erty Tax.	Yes	⊡∕No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Ad	dress of New Registe	red Agent	
	D418D		81	Name				
COHN, DAVID 2290 KEYSTONE BOULEVARD			82	Street	Address (P.O. Box Number	r is Not Acceptable)		
	RTH MIAMI FL 33181		83					
 			84	City			FL 85	Zip Code
	to the provisions of Sections 607.05 registered agent, or both, in the State							
agent. I a		lations of, Section 607.0505, Flori	da Statutes	j.		DAT		
agent. I a	Signature, typed or printed name of registered ag	lations of, Section 607.0505, Flori	da Statutes	j.	equired when reinstating)	DAT	E AND DIRE	CTORS IN 12
agent. I a	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: f	a Statutes	j.	equired when reinstating)  ADDITIONS/CH	DAT ANGES TO OFFICER	Ë	CTORS IN 12
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14. I hereby certify that the information sur indicated on this annual report or suppl officer or director of the corporation or Block 12 or Block 13 if changed by the blied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ements 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in tachment with an address, with all other like empowered.

**SIGNATURE:** 

305 893-1231