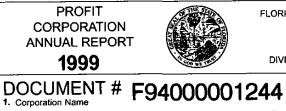
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



MELVIN E. COHEN, INC. (A PROFESSIONAL CORPORATIO

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90087 007 ***150.00

N)	·							
Principal Place	e of Business	Mailing Address				T I BRICOD ISIN IDITA BIBLI ODSILI DRINI ODNIA DOLIA ILIZIA ILIAN DIZIN DIZINI		
17524 SEIDNER ROAD		17524 SEIDNER ROAD						
WINTER GARDI	EN FL 34787	WINTER GARDEN FL 34787				DO NOT WRITE IN THIS SPACE		
					•	3. Date Incorporated or Qualifed	٦	
·						03/11/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	٦	
11		26				72-1010541 Not Applicable	<u>=</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27 .				5. Certificate of Status Desired Fee Required	_	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees	_	
Zip Country		Zip Country				8. This corporation owes the current year Intangible	1	
25		29	29 30			Personal Property Tax. Yes No	\dashv	
	9. Name and Address of Currer	nt Registered Agent		04		10. Name and Address of New Registered Agent	\dashv	
001	151 A451 1/11 5			81	Name			
COHEN, MELVIN E				82	Street A	Address (P.O. Box Number is Not Acceptable)		
	24 SEIDNER ROAD							
AAItA	TER GARDEN FL 34787			83		•		
			•	84	City	85 Zip Code	٦	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute				Ш		FL S 25		
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change wa	as autnonze	a by i	tne corpor	oration's board of directors, I hereby accept the appointment as registered	ļ	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N	NOTE: Registered	Agent	t signature req	equired when reinstating) DATE	╛	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	4	
TITLE	P	☐ DELETE	1.1 T	MLE	ļ	☐ Change ☐ Addition	nc	
NAME	COHEN, MELVIN E		1.2 N	1.2 NAME				
STREET ADDRESS 17524 SEIDNER ROAD			1.3 S		ADDRESS		1	
CITY-ST-ZIP	WINTER GARDEN FL 34787			1.4 CITY-ST-ZIP			_	
TITLE	1	☐ DELETE	2.1 T	TLE		Change Addition	ן מכ	
NAME			2.2 NAM					
STREET ADDRESS			2.3 5		ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP	FIGURE FIAME		
TTTLE		☐ DELETE	3.1 T	ITLE		Change Addition	3N	
NAME	}			IAME			-	
STREET ADDRESS			3.3 S	TREET	ADDRESS	•		
CITY-ST-ZIP				CITY-S	T-ZIP	☐ Change ☐ Addition	_	
TITLE	•	DELETE			.	☐ Citanije ☐ Voonin	"	
NAME			4.2 N				-	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST	r-zip	☐ Change ☐ Addition	_	
TITLE		☐ DELETE				Addut	-"	
NAME				IAME TREET	ADDDESS			
STREET ADDRESS	·				ADDRESS			
CITY-ST-ZIP		☐ DELETE		ITY-SI	1-ZIP	Change Addition	on	
TITLE	·	□ £CEE						
NAME			- 1	6.2 NAME 6.3 STREET ADDRESS		·		
STREET ADDRESS	il		0.3 5	IRCE	VDDUCOO	1		

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 on an attachment with an address, with all other like empowered.

SIGNATURE: