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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 23 1997 8:00am

Secretary of State

E ROCKET TICH TOLD TRAIN THE COLOR STATE OF THE PROPERTY OF THE COLOR COLOR

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95832

(4)

COBEN, INC.

SIGNATURE:

Principal Place 5604 TYLER ST HOLLYWOOD F	REET	Mailing Address 5804 TYLER STREET HOLLYWOOD FL 33021-634	_			3. Date Incorporated or Qualified 3a. Date of Last Report			
						08/31/1982		5/1996	eport
2. Principa! Pl	ace of Business	2a. Mailing Address				4. FEI Number			optied For
21		26				13-3310121			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	()	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	
Z _i p	Country	Zip	Cour	htry		8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Currer	29 nt Registered Agent	30			Florida Statutes 10. Name and Address of New Re		No	
DEA	N, BETTY Y.			81	Name				***************************************
	TYLOR STREET		-	82	Ctroot Add	Iress (P.O. Box Number is Not Acceptat	sia)		····
	LYWOOD FL 33021			02	Sireer Add	iless (F.O. Box Number is Not Acceptat	ле) 		
			Γ	83					
			ŀ	84	City			85 Zip (Code
44 6	10.00.007.010	0 - 1007 1100 Flacida Challa				and in a sharp to the state of	FL	honoina it	o registered
office or re	egistered agent, or both, in the State	ol Florida. Such change was a	authorized	l by t	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ot the appoi	intment as	registered
ψ,	m familiar with, and accept the oblig	ations of, Section 607.0505, Fic	orida Stati	nes.					
SIGNATURE	Signature, typed or protect name of registericolæy	on scarnte d'application (NOTI	L: Registered	Agent	l signature requ	ured when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTOR	IS IN 12
TITLE	PD	DELETE	1.1 10	Lŧ			I	Change	Addition
NAME	COHEN, BEN		1.2 NA	ME					
STREET ADDRESS	5804 TYLER STREET		1.3 ST	REET A	DDRESS				
CITY - ST - ZIP	HOLLYWOOD FL		1.4 CIT		ZIP		·····	*1 01	
TITLE	V COUCH DISDOSTICEDDS	☐ DELETE	2 1 ТІТ		- 1		L	Change	Addition
NAME	COHEN, PIERRETTEERRE 5804 TYLER STREET		2.2 NA						
STREET ADDRESS	HOLLYWOOD FL				DORESS				
CITY - ST - ZIP	S DELETE			IY-SI	- ZIP		r	Change	Addition
TOLE	COHEN, PHILLIP	[] DELETE	3 1 TIT 3 2 NA		1		·	onlings	CONTROL
NAME STREET ADDRESS	5804 TYLER STREET		1		DORESS				
	HOLLYWOOD FL		3.3.511 3.4. Cf	-	ì				
CITY - ST - ZIP TITLE	V	DELETE	4 1 T)T		-11			Change	Addition
NAME	COHEN, HELEN		4 2 NA					-	
STREET ADDRESS	5804 TYLER STREET		1		IDDRESS				
CITY -ST - 712	HOLLYWOOD FL		4.4 CIT	Y-ST	- ZIP				
TITLE		DELETE	5 1 TiT		<u> </u>			Change	Addition
NAME			5 2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	address				
CITY+SI-ZIF		· · · · · · · · · · · · · · · · · · ·	5.4 CIT		- ZIP				
TITLE		€ DELFTE	6.1 TIT	LE			l	Change	Addition
NAME			6.2 NA	MÉ					
STREET ADDRESS			6.3 ST	REET A	ADDRESS				
CITY - ST - ZIP			6.4 CI			13- 0 - 4- 440 07/0\/C	- 16 -3		
informat⊲ Lam an o	on indicated on this annual report or	supplemental annual report is t	true and a vered to e	cour	ate and tha	ed in Section 119.07(3)(i). Florida Statute at my signature shall have the same leg ort as required by Chapter 607, Florida s	al effect as i	if made un	ider oath: tha

TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR