FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G83265** **(0)**

1. Corporation Name

DONALD T. COHEN C.P.A., P.A.

Principal Place of Business	Mailing Address
GLENDALE FEDERAL BUILDING 1290 WESTON ROAD. SUITE 314 FT. LAUDERDALE FL 33326 US	GLENDALE FEDERAL BUILDING 1290 WESTON ROAD. SUITE 314 FT. LAUDERDALE FL 33326 US

3. Date Incorporated or Qualified: **02/06/1984**
3a. Date of Last Report: **03/28/1995**

4. FEI Number: **59-2365216** ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address
26 4960 SW 72nd Ave
27 Suite, Apt. # etc. #401
28 City & State Miami FL
29 Zip 33155 30 County USA

9. Name and Address of Current Registered Agent

COHEN, DONALD
1290 WESTON ROAD, SUITE 314
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Is Not Acceptable) 4960 SW 72nd Ave #401
83
84 City Miami FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: [signature] 1-29-96
(Date)

12. OFFICERS AND DIRECTORS

PSTV
COHEN, DONALD T.
1290 WESTON ROAD, SUITE 314
FT. LAUDERDALE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Pres.Dir
4960 SW 72nd Ave #401
Miami FL 33155

☒ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information supplied with this form is voluntarily furnished and 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 attached report with an address.

SIGNATURE: [signature] 1-29-96 305-665-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)