

**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 # H26905 (0)**

1. Corporation Name  
**BOB COHEN PLUMBING, INC.**



Principal Place of Business: **1481 N.W. 100TH WAY PLANTATION FL 33322**  
Mailing Address: **1481 N.W. 100TH WAY PLANTATION FL 33322**

3. Date Incorporated or Qualified: **10/24/1984**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **59-2495286**  
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 [ ]  
2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ]  
City & State: 27 [ ]  
Zip: 24 [ ] Country: 25 [ ]  
City & State: 28 [ ]  
Zip: 29 [ ] Country: 30 [ ]

**9. Name and Address of Current Registered Agent**

**COHEN, ROBERT  
1481 N.W. 100TH WAY  
PLANTATION FL 33322**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 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, 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE: **DP**  DELETE  
NAME: **COHEN, ROBERT**  
STREET ADDRESS: **1481 N.W. 100TH WAY**  
CITY-ST-ZIP: **PLANTATION FL**

TITLE: **DVP**  DELETE  
NAME: **COHEN, SHARON**  
STREET ADDRESS: **1481 N.W. 100TH WAY**  
CITY-ST-ZIP: **PLANTATION FL**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sharon Cohen* **SHARON COHEN** 2/20/96 954-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)