

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90277 035 ***150.00

DOCUMENT # H34035

1. Corporation Name
STEVEN R. COHEN, P.A.

Principal Place of Business
1515 UNIVERSITY DR
SUITE 221
CORAL SPRINGS FL 33071
US

Mailing Address
1515 UNIVERSITY DR
SUITE 221
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1984

4. FEI Number
59-2472157

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 6751 N.W. 55th Manor
Suite, Apt. #, etc.

2a. Mailing Address
26 6751 N.W. 55th Manor
Suite, Apt. #, etc.

City & State
23 Coral Springs, FL

City & State
28 Coral Springs, FL

Zip Country
24 33067 25 USA

Zip Country
29 33067 30 USA

9. Name and Address of Current Registered Agent

COHEN, STEVEN R.
1515 UNIVERSITY DR
SUITE 221
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name STEVEN R. COHEN
82 Street Address (P.O. Box Number is Not Acceptable) 6751 N.W. 55th Manor
83
84 City Coral Springs FL 85 Zip Code 33067

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 STEVEN R. COHEN 4-16-99
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 PST ☐ DELETE
NAME COHEN, STEVEN R.
STREET ADDRESS 1515 UNIVERSITY DR. #221
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE
NAME COHEN, STEVEN R.
STREET ADDRESS 1515 UNIVERSITY DR #221
CITY-ST-ZIP CORAL SPRINGS 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 6751 N.W. 55th Manor
1.4 CITY-ST-ZIP Coral Springs, FL 33067

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6751 N.W. 55th Manor
2.4 CITY-ST-ZIP Coral Springs, FL 33067

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 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: STEVEN R. COHEN 4-16-99 954-753-1392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0168503

CR2E034 (11/98)