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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

**FILED** Jan 29 1998 8:00am Secretary of State

Principal Place of Business  * STEVEN E. COHEN  * SON N.W. 62ND ST#200  FORT LAUDERDALE FL 33309  FORT LAUDERDALE FL 33309  **DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  **O1/28/1985  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Applied For  Suite, Apt. #, etc.  59-2466276  Suite, Apt. #, etc.  27  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  3. Date Incorporated or Qualified  01/28/1985  4. FEI Number  5. Certificate of Status Desired  Fee Required  6. Election Campaign Financing  Frust Fund Contribution  Added to Fees  Trust Fund Contribution  Added to Fees  Added to Fees  7 Suite, Apt. # State Suite
Principal Place of Business  % STEVEN E. COHEN 800 N.W. 62ND ST#200 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Certificate of Status Desired Fe Required City & State City & State City & State  2. Country
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Suite, Apt. #, etc.  22  Suite, Apt. #, etc.  25  City & State  City & State  City & State  Country  Zip  Country  Sign  Added to Fees
City & State   City & State   City & State   City & State   6. Election Campaign Financing   \$5.00 May Be Trust Fund Contribution   Added to Fees
23 28 Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible  24 25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
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) OOUTH OTENTE IN INSME
COLIETA, STEVENA E.
800 N.W. 62ND ST. 82 Street Address (P.O. Box Number is Not Acceptable)
SUITE #200
FORT LAUDERDALE FL 33309
84 City 85 Zip Code
FL 63 24 Code
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.
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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1,1 TITLE DELETE AND DIRECTORS IN 12
NAME JACOBSON, DANIEL E. 1.2 NAME
STREET ADDRESS 800 NW 62ND ST., S-200 1.3 STREET ADDRESS
FORT LAUREDPALE EL
CITY-ST-ZIP FORT LAUDERDALE FL 1.4 CITY-ST-ZIP  TITLE D Change Addition
NAME COHEN, STEVEN E. 2.2 NAME
AND ANY COARD OF A COA
FORT LAUGEDDALE EL
CITY-ST-ZIP
NAME COHEN, STEPHEN J. 3.2 NAME
STREET ADDRESS 800 NE 62 STR., S 200 3.3 STREET ADDRESS
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CITY-ST-ZIP FT. LAUDERDALE FL. 3.4. CITY-ST-ZIP  TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
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GITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
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CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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)(f), Florida Statutes, I further certify that the information indicated on this angual report or supplemental acquair report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an

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 ar 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.

954-491-6444