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08-02-1999 90007 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT #

H 86479

1. Corporation Name

SIDNEY J. COHEN, P.A.

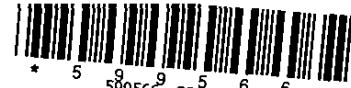
Principal Place of Business

Mailing Address

1810 SABEL DR.

DEERFIELD BEACH FL

33442



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1985

4. FEI Number

59-2603760

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 owes the current year intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

21 1810 SABEL DR

26 1810 SABEL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Deerfield Beach FL

28 Deerfield Beach FL

24 Zip Country

29 Zip Country

33442

33442

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

COHEN, SIDNEY J.

82 Street Address (P.O. Box Number is Not Acceptable)

1810 SABEL DRIVE

83

84 City

DEERFIELD BEACH FL

85 Zip Code

33442

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)

7/7/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME COHEN, SIDNEY J
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE UP ST
1.2 NAME COHEN, SIDNEY J
1.3 STREET ADDRESS 1810 SABEL DRIVE
1.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/99

CR2E034 (11/98)

HB6479
599560-9007-28

Sidney J. Cohen, P.A. Inc.
1810 Sabel Drive
Deerfield Beach
Florida
33432

July 26th, 1999

The Department of State
Division of Corporations
Tallahassee
Florida

Dear Sirs:


RE: Sidney J. Cohen, P.A. H 86479

We changed our address in November 1998 and filled out the relevant address change forms at the post office.

However, we never received the Annual Corporate Renewal form through the mail and only after our CPA asked us this month if we had paid the bill did we realize that the payment had not been made. We would appreciate it if you would accept the enclosed check for \$ 150.00 and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,


Sidney Cohen (Pres)