

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H92863**

(0)

1. Corporation Name
MAY & COHEN, P.A.



Principal Place of Business 3225 AVIATION AVE. SUITE 600 COCONUT GROVE FL 33133 US	Mailing Address 3225 AVIATION AVE. SUITE 600 COCONUT GROVE FL 33133-4741 US
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3. Date Incorporated or Qualified 01/06/1986	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21 200 E Broward Blvd Suite, Apt #, etc. 22 Suite 1210 City & State 23 Ft Lauderdale FL Zip 24 33301	2a. Mailing Address 26 200 E Broward Blvd Suite, Apt #, etc. 27 Suite 1210 City & State 28 Ft Lauderdale FL Zip 29 33301	4. FEI Number 59-2626796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAY, JON
3225 AVIATION AVE.
SUITE 600, BAYVIEW PLAZA
COCONUT GROVE FL 33133

200 E Broward Blvd
Suite 1210
Ft Lauderdale FL 33310

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	200 E Broward Blvd
83	Suite 1210
84 City	Ft. Lauderdale FL
85 Zip Code	33310

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 *Jon May* **Jon May** **1/28/97**
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, JON	1.2 NAME	Jon May
STREET ADDRESS	3225 AVIATION AVE., SUITE 600	1.3 STREET ADDRESS	200 E Broward Blvd #1210
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	Ft Lauderdale FL 33310
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, CAROL	2.2 NAME	Carol Cohen
STREET ADDRESS	3225 AVIATION AVE., SUITE 600	2.3 STREET ADDRESS	200 E Broward Blvd #1210
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	Ft Lauderdale FL 33310
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Carol Cohen* **Carol Cohen** **1/28/97** **954-761-7201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)