

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90095 030 ***158.75

DOCUMENT # J06326

1. Corporation Name

M. COHEN, INC.

Principal Place of Business

3715 W HORATIO ST
TAMPA FL 33609
US

Mailing Address

3715 W HORATIO ST
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1986

4. FEI Number

59-2674024

Applied For

Not Applicable

5. Certificate of Status Desired

A

\$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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

SCHONBRUN, HARVEY P
1802 N MORGAN STREET
P.O. BOX 1531
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip 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.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	PD COHEN, MARK	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	13608 S.VILLAGE DR.#6202		
CITY-ST-ZIP	TAMPA FL		
TITLE	S	2.1 TITLE	2.2 NAME
NAME	PETERSON, JUDI	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	11308 DONNEymoOR DR		
CITY-ST-ZIP	RIVERVIEW FL		
TITLE		3.1 TITLE	3.2 NAME
NAME		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS			
CITY-ST-ZIP		4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME			
STREET ADDRESS		5.1 TITLE	5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE			
NAME		6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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

1/26/99

813-289-6444

CR2E034 (11/98)