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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J47860 (8)

1. Corporation Name  
COLE AND ASSOCIATES, INC.



Principal Place of Business

510 HILLSIDE DRIVE  
P.O. BOX 1699  
AUBURNDALE FL 33823

Mailing Address

510 HILLSIDE DRIVE  
P.O. BOX 1699  
AUBURNDALE FL 33823-1699

3. Date Incorporated or Qualified  
12/10/1986

3a. Date of Last Report  
05/10/1996

2. Principal Place of Business

21 1414 Edmiston Court  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1699  
Suite, Apt. #, etc.

4. FEI Number  
59-2769684

Applied For  
Not Applicable

22 City & State

23 Auburndale, FL.

27 City & State

28 Auburndale, FL.

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

24 33823

25 USA

29 33823

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

BARTON, CARL K.  
510 HILLSIDE DR.  
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name

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

1414 Edmiston Court

83

84 City

Auburndale

FL

85 Zip Code

33823

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	BARTON, CARL K.	510 HILLSIDE DR.	AUBURNDALE FL	<input type="checkbox"/>
D	BARTON, CARL K.	510 HILLSIDE DR.	AUBURNDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		1414 Edmiston Ct,	Auburndale, FL. 33823	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		1414 Edmiston Ct.	Auburndale, FL. 33823	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (94) 967-9854

CR2E034 (9/96)