**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** 1. Corporation Name

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90007 008 \*\*\*150.00

COHEN	SYSTEMS, INC.					
Principal Plac	ce of Business	Mailing Address			1 100 HI 0118 0118 01180 HI 0110 12011 12011 12011	iom andi divin siam bidil divin 1881
14501 WALSIN	GHAM ROAD	14501 WASINGHAM RD				
LARGO FL 3000 33779 LARGO FL 3000 35					DO NOT WRITE IN	THIS SPACE
US					3. Date Incorporated or Qualifed	110 01 702
	•				03/20/1987	;
Principal Place of Business     2a. Mailing Address			·	_	4. FE! Number	Applied For
21 26					11-2861320	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				* •	5. Certifcate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
Zip				n/	Trust Fund Contribution	Added to Fees
24	25		Count	• •	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	Yes DNo
	9. Name and Address of Currer		<del>~~</del>		10. Name and Address of New Register	
			8	1 Name		
COHEN, STEPHEN				2 Street Add	Iress (P.O. Box Number is Not Acceptable)	
402 HIDDEN HARBOUR DR			L			
INDL	AN ROCKS BEACH FL 34635		8	3	- <del> </del>	I
			â	4 City		85 Zip Code
						FL
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, Flor	ida Statute	98. _	poration submits this statement for the purposion's board of directors. I hereby accept the a	· (
12.		VD DIRECTORS	13.	ent signature requiri	ADDITIONS/CHANGES TO OFFICER	
TITLE	PST	☐ DELETE	1.1 TITLE			Change Addition
NAME	COHEN, STEPHEN		1.2 NAME	.		
STREET ADDRESS			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-	ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	COHEN, STEPHEN		2.2 NAME	: {		
STREET ADDRESS	l		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY	ST-ZIP		
<i>ΠΤ</i> ΓΕ		☐ DELETE	3.1 TTTLE	}		Change Addition
NAME			3.2 NAME	:		
STREET ADDRESS	:[		3.3 STRE	ETADORESS		0
CITY-ST-ZIP			3.4, CITY			Change
TILE		☐ DELETE	4.1 TITLE	i		☐ Change ☐ Addition
NAME			4.2 NAM			
STREET ADDRESS	· ·			ET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-	<del></del>		Change Addition
	1	_ OCCLIE	5.1 MAME	1		
NAME STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	- 1		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		<b>=</b>	6.2 NAME	.		
t			6.3 STRE	ET ADDRESS		
	Take the an area to the second and the					1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF