

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J98590

(9)

1. Corporation Name

COHEN'S LAWN CARE, INC.



Principal Place of Business

% W. LAWRENCE LARCHE  
1900 GLADES RD. S-301  
BOCA RATON FL 33431

Mailing Address

2255 GLADES RD  
STE 319 ATRIUM  
BOCA RATON FL 33431-7313  
US

2. Principal Place of Business

21 1240 TANGEL TERR

2a. Mailing Address

26 1240 TANGEL TERR

Suite, Apt. #, etc.

22 SUITE B21

Suite, Apt. #, etc.

27 SUITE B21

City & State

23 DELRAY BEACH FL

City & State

28 DELRAY BEACH FL

Zip

24 33444

Country

25 Palm Beach

Zip

29 33444

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

LARCHE, W. LAWRENCE  
2255 GLADES ROAD, #319 A  
SUITE 301  
BOCA RATON FL 33431-4313

3. Date Incorporated or Qualified

10/23/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0011806

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 has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

STEPHEN J. COHEN

82

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

1240 TANGEL TERRACE

83

SUITE B21

84

City  
DELRAY BEACH

FL

85 Zip Code

33444

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

Stephen Cohen PRES

Stephen Cohen

DATE

4/5/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME COHEN, STEPHEN J.  
STREET ADDRESS 10437 PRESTWICK RD  
CITY-ST-ZIP BOYNTON BCH FL

TITLE D ☐ DELETE  
NAME COHEN, MARGARET F.  
STREET ADDRESS 10437 PRESTWICK RD  
CITY-ST-ZIP BOYNTON BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Add-on  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Stephen Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 407-272-7789

DATE

Telephone #

CR2E034 (12/95)