

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03/17/1995 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K76033** (5)

1. Corporation Name
COHN & BILELLO, P.A.

Principal Place of Business
**% LEONARD COHN, D.C.
4340 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313**

Main Address
**% LEONARD COHN, D.C.
4340 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313**

(CHECK ONE IN THIS SPACE)

3. Date incorporated or organized **03/27/1989** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt #, etc.

State, Apt #, etc.

22

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City & State

City & State

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City & State

City & State

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City & State

City & State

4. FE Number **65-0134463** 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 adopted and complies the corporate governance Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHN, LEONARD
4340 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.012 and 607.013, 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 interpretation of Section 607.013, Florida Statutes.

SIGNATURE

(Print name and title of person signing for corporation)

(Print name and title of person signing for agent)

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE 607.012)

OFFICERS AND DIRECTORS	ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE 607.012)
<p>NAME: DP COHN, LEONARD C. ADDRESS: 4340 W OAKLAND PARK BLVD LAUDERDALE LAKES FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: D BILELLO, VINCENT ADDRESS: 4340 W OAKLAND PARK BLVD LAUDERDALE LAKES FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.012, Florida Statutes. I further certify that the information is filed in the proper report or supplementary annual report as required and accurate and that my report will have the same legal effect as if made under oath. That I am an officer or director of the corporation or the manager or treasurer and registered to exercise the report as required by the Department of State. I have read the Florida Statutes and agree to the provisions of the Florida Statutes and agree to file this report with the Department of State.

SIGNATURE: *Leonard Cohn*
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR