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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Landra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M00061** (5)
1. Corporation Name
SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLER, P.A.

Principal Place of Business Mailing Address
1800 CORPORATE BLVD., NW SUITE 300 BOCA RATON FL 33431 **1800 CORPORATE BLVD., NW SUITE 300 BOCA RATON FL 33431**

2. Principal Place of Business 2a. Mailing Address
21 **54 S.W. Boca Raton Blvd.** 26 **54 S.W. Boca Raton Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Boca Raton, FL** 28 **Boca Raton, FL**
Zip Country Zip Country
24 **33432** 25 **US** 29 **33432** 30 **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/02/1984** 3a. Date of Last Report **03/29/1994**
4. FEI Number **59-2407070** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**COHEN, EDWARD B.
1800 CORPORATE BLVD
SUITE 300
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable) **54 S.W. Boca Raton Blvd.**
B3
B4 City **Boca Raton** FL B5 Zip Code **33432**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ALLAN H.	1.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD NW	1.3 STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	Boca Raton, FL 33432
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKARIN, RONALD M.	2.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD NW	2.3 STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	Boca Raton, FL 33432
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, EDWARD B.	3.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD NW	3.3 STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	Boca Raton, FL 33432
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTLER, MICHAEL T	4.2 NAME	
STREET ADDRESS	1800 CORPORATE BLVD NW	4.3 STREET ADDRESS	54 S.W. Boca Raton Blvd.
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	Boca Raton, FL 33432
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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. (Changed, or in an attachment with an address.)

SIGNATURE: Edward B. Cohen 4/26/95 (407) 361-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE