

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:32

RECEIVED FLORIDA STATE
TREASURER, FLORIDA

DOCUMENT # P92000004543 (4)

1. Corporation Name

COHEN & KENDZIORRA, P.A.

Principal Place of Business

Mailing Address

2804 DEL PRADO BLVD
UNIT 204
CAPE CORAL FL 33904

2804 DEL PRADO BLVD
UNIT 204
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1992	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0369061	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. This corporation has liability for activities under the statute E. 160 (19) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc	25. State, Apt. #, etc
22. City & State	26. City & State
24. Zip	29. Zip

9. Name and Address of Current Registered Agent

COHEN, ROBERT S
2804 DEL PRADO BLVD
UNIT 204
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ROBERT S	2. NAME	
STREET ADDRESS	2804 DEL PRADO BLVD #204	3. STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL 33904	4. CITY, ST, ZIP	
TITLE	VTD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDZIORRA, HEIDI C	6. NAME	
STREET ADDRESS	2804 DEL PRADO BLVD #204	7. STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL 33904	8. CITY, ST, ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not comply for the incorporation stated in this report (1995) Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate, and that my signature will have the same legal effect as if made under oath. That I am an officer or director of the corporation for the purpose of furnishing information to use in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1, and is typed on or printed on the front with an address.

SIGNATURE: Robert S. Cohen 4-28-95 542-0513