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

FILED
96 DEC 11 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013056 (5)

1. Corporation Name
PHILIP COHEN & ASSOCIATES, INC.

REINSTATEMENT 95-96

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~4308 HONEY VISTA CIRCLE~~ ~~TAMPA FL 33624~~	~~4308 HONEY VISTA CIRCLE~~ ~~TAMPA FL 33624~~
100 N. Tampa St. #2150	100 N. Tampa St. #2150
Tampa, Florida 33602	Tampa, Florida 33602

3. Date Incorporated or Qualified: 02/19/1993
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: ~~APPLIED FOR~~ 59-3169874 ☐ 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

9. Name and Address of Current Registered Agent

COHEN, PHILIP
4308 HONEY VISTA CIRCLE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: Wurdeman, James E.
82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa Street, Suite 2150
83
84 City: Tampa FL 85 Zip Code: 33602

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: [signature] 12-6-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME COHEN, PHILIP STREET ADDRESS 4308 HONEY VISTA CIRCLE CITY-ST-ZIP TAMPA FL 33624	1.1 TITLE D ☐ Change ☒ Addition 1.2 NAME WURDEMAN, JAMES E. 1.3 STREET ADDRESS 100 N. Tampa Street, Suite 2150 1.4 CITY-ST-ZIP Tampa, Florida 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE D ☐ Change ☒ Addition 2.2 NAME TOPPER, HOWARD 2.3 STREET ADDRESS 11 Michael Court 2.4 CITY-ST-ZIP Hudson, New York 12534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 500002030575--6 3.3 STREET ADDRESS -12/17/96--01069--015 3.4 CITY-ST-ZIP ****575.00 ****575.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 500002030575--6 4.3 STREET ADDRESS -12/17/96--01069--016 4.4 CITY-ST-ZIP ******8.75 ******8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 12-D-96

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: [signature] 12-6-96 813-226-1190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300385 CP