


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 99400000844 1. Corporation Name HARVEST COHEN, R.S.T., P.A.			
Principal Place of Business 5026 Guilford Blvd So Guilford, FL 33707		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3216589	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Harvest Cohen 5026 Guilford Blvd So Guilford, FL 33707		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code FL
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: <u>Harvest Cohen R.S.T. P.A. Junior</u> DATE: <u>3/19/97</u> NC			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME Harvest Cohen 5026 Guilford Blvd So Guilford, FL 33707	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	1.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	1.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	CITY, ST, ZIP	1.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	2.2 NAME	
TITLE <input type="checkbox"/> DELETE	CITY, ST, ZIP	2.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	CITY, ST, ZIP	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	3.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	CITY, ST, ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	CITY, ST, ZIP	5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	CITY, ST, ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	STREET ADDRESS	6.4 CITY, ST, ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Harvest Cohen RST PA</u>		3/19/97 (813) 321-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)