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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000028419 (7)

1. Corporation Name

MICHAEL A. COHEN, CPA, P.A.



Principal Place of Business

22029 U.S. HIGHWAY 441
SUITE 102
BOCA RATON FL 33428
US

Mailing Address

22029 U.S. HIGHWAY 441
SUITE 102
BOCA RATON FL 33428-4219
US

2. Principal Place of Business	2a. Mailing Address
21 22029 U.S. Highway 441	26 22029 US Highway 441
22 Suite, Apt. #, etc. #102	27 Suite #102
23 Boca Raton, Fla.	28 Boca Raton, Fla.
24 33428	29 33428
25 USA	30 USA

3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report 04/15/1996
4. FEI Number 65-0506105	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COHEN, MICHAEL A
22029 U.S. HIGHWAY 441
SUITE 102
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name Michael A. Cohen, CPA
82 Street Address (P.O. Box Number is Not Acceptable) 22029 U.S. Highway 441,
83 Suite #102
84 City Boca Raton FL 85 Zip Code 33428

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:

Michael A. Cohen, CPA - Michael A. Cohen

1/6/97

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PVTC	
NAME	COHEN, MICHAEL A	
STREET ADDRESS	22029 U.S. HWY 441, SUITE 102	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	PYTSDCM	
1.2 NAME	Cohen, Michael A.	
1.3 STREET ADDRESS	22029 U.S. Highway 441, Suite #102	
1.4 CITY-ST-ZIP	Boca Raton, FL 33428	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 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:

Michael A. Cohen, CPA - Michael A. Cohen

1/6/97 (56) 483-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)