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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

DOCUMENT # P94000028419 (7)

1. Corporation Name
MICHAEL A. COHEN, CPA, P.A.



Principal Place of Business
22029 U.S. HIGHWAY 441
SUITE 100A-102
BOCA RATON FL 33428
US

Mailing Address
22029 U.S. HIGHWAY 441
SUITE 100A-102
BOCA RATON FL 33428-4219
US

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report: 04/15/1996
4. FEI Number: 65-0506105
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 22029 U.S. Highway 441
22 #102
23 Boca Raton, Fla.
24 33428
25 USA

2a. Mailing Address
26 22029 US Highway 441
27 Suite #102
28 Boca Raton, Fla.
29 33428
30 USA

9. Name and Address of Current Registered Agent
COHEN, MICHAEL A
22029 U.S. HIGHWAY 441
SUITE 100A-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 DATE: 1/6/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVTC	<input type="checkbox"/> DELETE
NAME	COHEN, MICHAEL A	
STREET ADDRESS	22029 U.S. HWY 441, SUITE 100A-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

1.1 TITLE	PYTSDCM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 DATE: 1/6/97 (56) 423-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)