

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000079791 (7)

1. Corporation Name

WRITE OCCASIONS OF FLORIDA, INC.

Principal Place of Business

5607 DEL PRADO BLVD
TEMPLE TERRACE FL 33617

Mailing Address

5607 DEL PRADO BLVD
TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 5001 Cypress Street

2a. Mailing Address

26 5001 Cypress Street

Suite, Apt., #, etc.

22 Suite #500

Suite, Apt., #, etc.

27 Suite #500

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33607

Country

25 Hillsborough

Zip

29 33607

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

COHEN, JACK
5001 CYPRESS ST
SUITE 500
TAMPA FL 33607-3884

4. FEI Number

59-3291492

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
COHEN, JACK
5001 CYPRESS ST SUITE 500
TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CRYSTAL, NEAL
5001 CYPRESS ST SUITE 500
TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
BURRIS, DONALD S
11755 WILSHIRE BLVD SUITE 1230
LOS ANGELES CA 90025-1518

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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 resolver 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK A. COHEN

4-12-95

813-289-8900