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Apr 28 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 # P95000045534 (1)

1. Corporation Name

COHEN MANAGEMENT CORPORATION III



Principal Place of Business

2400 NW 118TH TER  
CORAL SPRINGS FL 33065

Mailing Address

2400 NW 118TH TER  
CORAL SPRINGS FL 33065-3370

2. Principal Place of Business

21 12801 W SONRISE BLVD

Suite, Apt. #, etc.

22

23 SONRISE FL

24 33323

Country

25

2a. Mailing Address

26 7157 NW 68 DRIVE

Suite, Apt. #, etc.

27

28 PARKLAND, FL

29 33067

Country

30

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0651183

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, SCOTT R  
2400 NW 118TH TER  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 COHEN SCOTT R  
82 7157 NW 68 DRIVE

83

84 PARKLAND

FL

85 33067

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 of 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 the duties of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature is required when reappointing)

DATE

4/20/97

12. OFFICERS AND DIRECTORS

TITLE DPST  
NAME COHEN, SCOTT R  
STREET ADDRESS 2400 NW 118TH TER  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DPST  
1.2 NAME COHEN, SCOTT R  
1.3 STREET ADDRESS 7157 NW 68 DRIVE  
1.4 CITY-ST-ZIP PARKLAND, FL 33067

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

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

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

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

6.1 TITLE  
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:

Scott R. Cohen

4/20/97

346-2621

CR2E034 (9/96)