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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000045534**

1. Corporation Name

14. I hereby certify that the

SIGNATURE:

COHEN MANAGEMENT CORPORATION III

Principal Place	e or business	Mailing At	101622								
12801 W. SUNF		7157 N.W									
SUNRISE FL 33323			PARKLAND FL 33067				DO NOT WRITE IN THIS SPACE				
U\$		US	US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
								06/06/1995	ameu		
2 Principal D	Place of Business	2- Mailine	Addross	~ 			_	FEI Number		1774	plied For
-	race of Business	— 	<u>├</u>					65-0651183		<u>`</u>	<u>'</u>
Suite, Apt.	# 010	26 Suite	Apt, #, etc.				 	0070001100			ot Applicable
— ' '	#, etc.		Ар г. #, е гс.				5.	Certificate of Status Desi	red 🗍	Fee Re	Additional
22 City 8 Chat		27 City 9	Ctata								•
City & Stat	le	City &	State				6.	Election Campaign Finar	ncing	\$5.00 Added	•
23		28		Countr			-	Trust Fund Contribution			to rees
Zip	Country	Zip			тy		8.	This corporation owes th	e current year l	ntangible XYes	□No
24	25	29		30			40	Personal Property Tax. Name and Address of I	New Periotors		
	9. Name and Address of Cur	rrent Registered A	gent	8	11	Name	10.	Name and Address of t	New Registere	Agent	
СОН	IEN. SCOTT J			ľ	'' '	Name					
7157 N.W. 68 DRIVE						Street Addres	ess (P.O. Box Number is Not Acceptable)				
	KLAND FL 33067			_	_						
FANI	KLAND FL 33001			8:	13						
				8-	4	City			F	85 Zip (Code
										L	
office or re	to the provisions of Sections 607.4 registered agent, or both, in the Stum familiar with, and accept the ob-	ate of Florida. Such	i change was a	uthonzed b	y th	e corporation	's bo	ard of directors. I hereby	accept the app	pintment as re	gistered
•	an familiar with, and accept the ob	nigations or, Section	1 607.0303, FIO	iloa Statute	5 5.			•			
SIGNATURE											
	Signature, typed or printed name of registered	i agent and title if applicable	e. (NOTE	: Registered Ag	jent si	ignature required v	when re	einstating)	DATE		
12.		agent and title if applicable AND DIRECTORS		: Registered Ag	jent si	ignature required v		einstating) ADDITIONS/CHANGES T		ND DIRECTO	
						ignature required v				ND DIRECTO	PRS IN 12
12.	OFFICERS		3	13.	:	ignature required v					
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I 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 chapted, or on an attachment with an address, with all other like empowered.