

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P96000082255 (6)**

1. Corporation Name  
**CAROLE J. COHEN, P.A.**



Principal Place of Business: 4137 SALERNES AVENUE SARASOTA FL 34233  
 Mailing Address: 4137 SALERNES AVENUE SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1997  
 4. FEI Number: 65-0699851  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
 81 Name: Robert Cohen  
 82 Street Address (P.O. Box Number is Not Acceptable): 4137 SALERNES AVE.  
 83 City: SARASOTA  
 84 City: SARASOTA  
 85 Zip Code: FL 34233

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] ROBERT E COHEN  
 DATE: 1/8/98

12. OFFICERS AND DIRECTORS  
 TITLE: PSTD  
 NAME: COHEN, CAROLE J  
 STREET ADDRESS: 4137 SALERNES AVENUE  
 CITY-ST-ZIP: SARASOTA FL 34233  
 [DELETE]

TITLE: VP  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 [DELETE]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 [DELETE]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 [DELETE]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]  
 [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: [Blank] Change Addition  
 1.2 NAME: [Blank]  
 1.3 STREET ADDRESS: [Blank]  
 1.4 CITY-ST-ZIP: [Blank]  
 2.1 TITLE: VP Change Addition  
 2.2 NAME: Robert Cohen  
 2.3 STREET ADDRESS: 4137 Salernes  
 2.4 CITY-ST-ZIP: SARASOTA, FL 34233  
 3.1 TITLE: [Blank] Change Addition  
 3.2 NAME: [Blank]  
 3.3 STREET ADDRESS: [Blank]  
 3.4 CITY-ST-ZIP: [Blank]  
 4.1 TITLE: [Blank] Change Addition  
 4.2 NAME: [Blank]  
 4.3 STREET ADDRESS: [Blank]  
 4.4 CITY-ST-ZIP: [Blank]  
 5.1 TITLE: [Blank] Change Addition  
 5.2 NAME: [Blank]  
 5.3 STREET ADDRESS: [Blank]  
 5.4 CITY-ST-ZIP: [Blank]  
 6.1 TITLE: [Blank] Change Addition  
 6.2 NAME: [Blank]  
 6.3 STREET ADDRESS: [Blank]  
 6.4 CITY-ST-ZIP: [Blank]

14. 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] ROBERT E COHEN 1/8/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0452020

CR2E034 (10/97)