

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

FILED

Apr 25 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 # S70279 (2)

1. Corporation Name
COHEN, TAUBMAN & COMPANY CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Principal Place of Business
1333 S. UNIVERSITY DRIVE, #206
PLANTATION FL 33324

Mailing Address
1333 S. UNIVERSITY DRIVE, #206
PLANTATION FL 33324-4001



2. Principal Place of Business		2a. Mailing Address	
21 10001 WEST OAKLAND PARK BOULEVARD	26 SAME AS #2		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 202	27		
City & State		City & State	
23 SUNRISE, FL	28		
Zip	Country	Zip	Country
24 33351	25 USA	29	30

3. Date Incorporated or Qualified 07/22/1991	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0274831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COHEN, ALLEN 1333 S. UNIVERSITY DR., #206 PLANTATION FL 33324		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10001 WEST OAKLAND PARK BOULEVARD 83 SUITE 202 84 City SUNRISE FL 85 Zip Code 33351	
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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		DATE 4/16/97	
Typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ALLEN	1.2 NAME	
STREET ADDRESS	1333 S. UNIV. DR #206	1.3 STREET ADDRESS	10001 WEST OAKLAND PARK BLVD
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	SUNRISE, FL 33351
TITLE	DVPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUBMAN, ANDREW S.	2.2 NAME	
STREET ADDRESS	1333 S UNIV. DR #206	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 or on an attachment with an address.

SIGNATURE: (ALLEN COHEN, PRESIDENT) 4/11/97 954-749-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)