1-16-97 B-WEU C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

NORMA L. COHEN, P.A.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03278

Mailing Address

(1)

FILED Jan 16 1997 8:00am Secretary of State



3205-F DELEC TAMPA FL 33		3205-F DELEON ST TAMPA FL 33609-4678								
						3. Date Incorporated or Qualified 01/01/1992	3a. Da 02/2	ite of Last 23/1996	Report	
	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	WYFF WITH MITTER AND	26	*********		-	59-3105167		1	Not Applicable	
Suite, Ap		Suite, Apt. #, etc.	7			5. Certificate of Status Desired	₽Z′		Additional Required	
City & Sta		City & State	-			Election Campaign Financing Trust Fund Contribution		Adde	O May Be d to Fees	
Zip 24	Country Zip Co 25 29 30 9. Name and Address of Current Registered Agent				Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ▼ Yes □ No					
^^		irrent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered	Agent		
	OHEN, NORMA L. 05-F DELEON ST			"	Manie					
	MPA FL 33609			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
			•	83						
			ì	84	City		FL	85 Zig	p Code	
office or	nt to the previsions of Sections 607 r registered agent, or both, in the 5 am famili ar with, and accept the c	State of Florida, Such change was	authorize	ıd by	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of of the app	changing ointment a	its registered as registered	
SIGNATURE		g								
	Signature, typied or printed namo of registers			с Арв	nt signature rec	puired when reinstating)	DATE			
12 .	OFFICERS	S AND DIRECTORS DELETE	13.	T) F		ADDITIONS/CHANGES TO OFFIC	ERS AND			
NAME	COHEN, NORMA L.		1.1 To					Change	Addition	
STREET ADDRESS	MARKE DELECTION OF				ADORESS					
CITY-ST-ZIP	TAMPA FL			ITY-S						
TITLE		☐ DELETE	2.1 Ti					Change	Addition	
NAME			12.2 N	AME						
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NAME			62 N	AME						
STREET ADDRESS	8		635	TREET	ADDRESS					
CITY - ST - ZIP			64 C	ITY-S	r. 71P				ļ	

14. I do horeby 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 suppliementar 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:

NORMAL. COHEN 1-10-97 813-961-8778