

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

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H90961 (4)**

1. Corporation Name  
**5005 PROJECTS, INCORPORATED**

Principal Place of Business 1410 SAN MARCO BLVD. JACKSONVILLE FL 32207	Mailing Address 1410 SAN MARCO BLVD. JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/20/1985</b>	
21		26		4. FEI Number <b>59-2617086</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>COHEN RICHARD</b> <b>1410 SAN MARCO BLVD</b> <b>JACKSONVILLE FL 32207</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	COHEN, RICHARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4748 SOUTHERN PACIFIC DR	1.3 STREET ADDRESS	
	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
VP	COHEN, LORETTA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4748 SOUTHERN PACIFIC DR	2.1 TITLE	
	JACKSONVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
I	COHEN, PERRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4163 ALHAMBRA DR W	3.1 TITLE	
	JACKSONVILLE FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard Cohen 1-20-98 (904) 398-5155

CR2E034 (10/97)