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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # H59168

D. COOPER & ASSOCIATES, INC.

Principal Place of Business	

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90266 008 ***150.00



Principal Place of Business Mailing Address				I BIS DIBSI GUDIC A	ISBEL DIDIS LODI		
728 SOUTH DILLARD STREET WINTER GARDEN FL 34787-3908			728 SOUTH DILLARD STREET WINTER GARDEN FL 34787-3908				
					DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualified 05/29/1985 ~		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2541025	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country -	Zip Countr		y	8. This corporation owes the current year Inte	angible	_
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
	DED DOUGLAGA		81	Name			
	PER, DOUGLAS L.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	SUTTERS MILL CIR.						
CAS	SELBERRY FL 32707		83	3			
			84	City		85 Zip (Code
				<u> </u>	FL		intored
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	changing its ntment as re	gistered
SIGNATURE							
	Signature, typed or printed name of registered ager			ent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTO	DC IN 12
12.	***************************************	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition
TITLE	DVT	☐ DELETE	1,1 TITLE				Audition
NAME	COOPER, DOUGLAS L.		1.2 NAME				
STREET ADDRESS	3738 SUTTERS MILL CIR.		1.3 STREE	TADDRESS			
CITY-ST-ZIP	CASSELBERRY FL	F1	1.4 CITY-5	ST-ZIP		ET Change	Addition
TITLE	DPS	DELETE	2.1 TITLE			Change	☐ Addition
NAME	COOPER, RHEA M.		2.2 NAME				
STREET ADDRESS	3738 SUTTERS MILL CIR.	👡	2.3 STREE	TADORESS	· · · · · · · · · · · · · · · · · · ·	1.3	1
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				ì
STREET ADDRESS	•		3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		·	☐ Change	☐ Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREE	TADORESS	•		ļ
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME & &	C 455		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			,`
CITY-ST-ZIP	in to		6.4 CITY-5	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)(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 charged, or on an attachment with an address, with all other like empowered.