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**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norburn  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 4:40**

**DOCUMENT # 204493 (1)**

1. Corporation Name

**COOPER, CECCONI & BRANTNER, INC.**

Principal Place of Business

**17917 SW 97 AVE  
PO DRAWER 570668  
MIAMI FL 33157**

Mailing Address

**17917 SW 97 AVE  
PO DRAWER 570668  
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/23/1957</b>                                                                                                      | 3a. Date of Last Report<br><b>01/21/1994</b>           |
| 4. FEI Number<br><b>59-0874679</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> 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 |                                                        |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Country             |
| 24. Country                    | 29. Zip                 |
| 25. Country                    | 30. Zip                 |

9. Name and Address of Current Registered Agent

**COOPER, JR., LOWELL B.  
6702 ROYAL PALM DR.  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| 81. Name<br><b>LOWELL B. COOPER, JR</b>                                                 |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>1245 N. GREENWAY DRIVE</b> |
| 83. City<br><b>CORAL GABLES</b>                                                         |
| 84. Zip Code<br><b>FL 33134</b>                                                         |

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                         |
|----------------------------|----------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE                      | <b>SYB</b>                                   | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CECCONI, LAWRENCE</b>                     | 1.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>8201 SW 183RD STREET</b>                  | 1.3 STREET ADDRESS                                    |                                                                                         |
| CITY - ST - ZIP            | <b>MIAMI, FL 33157</b>                       | 1.4 CITY - ST - ZIP                                   |                                                                                         |
| TITLE                      | <b>PO</b>                                    | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>COOPER JR, LOWELL B</b>                   | 2.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>710 SAN BRUNO AVE 1245 N. GREENWAY DR</b> | 2.3 STREET ADDRESS                                    |                                                                                         |
| CITY - ST - ZIP            | <b>CORAL GABLES FL 33134</b>                 | 2.4 CITY - ST - ZIP                                   |                                                                                         |
| TITLE                      | <b>V</b>                                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>CECCONI, LAWRENCE</b>                     | 3.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>8201 S W 183RD STREET</b>                 | 3.3 STREET ADDRESS                                    |                                                                                         |
| CITY - ST - ZIP            | <b>MIAMI, FL 33157</b>                       | 3.4 CITY - ST - ZIP                                   |                                                                                         |
| TITLE                      | <b>V</b>                                     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>DENKERT, STEPHEN M</b>                    | 4.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>10427 S.W. 81 COURT</b>                   | 4.3 STREET ADDRESS                                    |                                                                                         |
| CITY - ST - ZIP            | <b>MIAMI FL</b>                              | 4.4 CITY - ST - ZIP                                   |                                                                                         |
| TITLE                      | <b>CHAIRMAN</b>                              | 5.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>MARTIN L VAUGHAN</b>                      | 5.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>64 DAVENTRY HILL</b>                      | 5.3 STREET ADDRESS                                    |                                                                                         |
| CITY - ST - ZIP            | <b>AVON - CT 06001</b>                       | 5.4 CITY - ST - ZIP                                   |                                                                                         |
| TITLE                      | <b>T</b>                                     | 6.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | <b>WILLIAM E RYAN</b>                        | 6.2 NAME                                              |                                                                                         |
| STREET ADDRESS             | <b>43 BARKE LANE</b>                         | 6.3 STREET ADDRESS                                    |                                                                                         |
| CITY - ST - ZIP            | <b>KENNINGTON - CT 06037</b>                 | 6.4 CITY - ST - ZIP                                   |                                                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Agent