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Jan 17 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 # 440158

(4)

1. Corporation Name  
CO-OP STATIONS, INC.

Principal Place of Business  
7164 PEBBLE BEACH LANE  
SEMINOLE FL 34647  
US

Mailing Address  
PO BOX 20492  
ST PETERSBURG FL 33742-0492  
US



3. Date Incorporated or Qualified 11/20/1973	3a. Date of Last Report 02/01/1996
4. FEI Number 59-1621262	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
ANDRIULI, ANTHONY  
7164 PEBBLE BEACH LANE  
SEMINOLE FL 34647

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDRIULI, SUSAN P	
STREET ADDRESS	7164 PEBBLE BEACH LANE	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ANDRIULI, SUSAN P	
STREET ADDRESS	7164 PEBBLE BEACH LANE	
CITY - ST - ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, KENNETH N	
STREET ADDRESS	1109 ROYAL TROON CT.	
CITY - ST - ZIP	TARPOON SPGS. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, UNA E	
STREET ADDRESS	1109 ROYAL TROON CT.	
CITY - ST - ZIP	TARPOON SPGS. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDRIULI, ANTHONY	
STREET ADDRESS	7164 PEBBLE BEACH LANE	
CITY - ST - ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Andriuli* - ANTHONY ANDRIULI 1-9-97 (13) 541-7876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)