

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 442819 (9)
1. Corporation Name
COOPER RANCH CORP.



Principal Place of Business: **111 WEST FORTUNE TAMPA FL 33672-7609**
Mailing Address: **111 WEST FORTUNE TAMPA FL 33672-7609**

3. Date Incorporated or Qualified: **12/27/1973**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1502899**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLEN, DAVID H.
111 W. FORTUNE ST.
TAMPA FL 33602**

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

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS	
TITLE: VD <input type="checkbox"/> DELETE	NAME: CALLEN, CHARLOTTE C. STREET ADDRESS: 111 WEST FORTUNE ST. CITY-ST-ZIP: TAMPA FL
TITLE: V <input type="checkbox"/> DELETE	NAME: CALLEN, CLAIRE STREET ADDRESS: 111 WEST FORTUNE ST. CITY-ST-ZIP: TAMPA FL
TITLE: D <input type="checkbox"/> DELETE	NAME: CALLEN, DAVID H. STREET ADDRESS: 111 WEST FORTUNE ST. CITY-ST-ZIP: TAMPA FL
TITLE: P <input type="checkbox"/> DELETE	NAME: CALLEN, TARQUIN STREET ADDRESS: 111 WEST FORTUNE ST. CITY-ST-ZIP: TAMPA FL
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP:
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	NAME
1.2 NAME	STREET ADDRESS
1.3 STREET ADDRESS	CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
2.2 NAME	STREET ADDRESS
2.3 STREET ADDRESS	CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
3.2 NAME	STREET ADDRESS
3.3 STREET ADDRESS	CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
4.2 NAME	STREET ADDRESS
4.3 STREET ADDRESS	CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
5.2 NAME	STREET ADDRESS
5.3 STREET ADDRESS	CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
6.2 NAME	STREET ADDRESS
6.3 STREET ADDRESS	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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David H. Callen **DAVID H. CALLEN 4/4/96**

Date

Daytime Phone #

CR2E034 (12/95)