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FILED

Jan 23 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 # 524234 (2)

1. Corporation Name  
COOPER & ASSOCIATES, INC.



Principal Place of Business

37700 MERIDIAN AVENUE  
P.O. BOX 248  
DADE CITY FL 33525-3715  
US

Mailing Address

PO BOX 248  
P.O. BOX 248  
DADE CITY FL 33526-0248  
US

2. Principal Place of Business

21 37700 Meridian Avenue

Suite, Apt. #, etc.

22 City & State

23 Dade City, FL

Zip

24 33525

Country

25 USA

2a. Mailing Address

26 P.O. BOX 248

Suite, Apt. #, etc.

27 City & State

28 Dade City, FL

Zip

29 33526-0248

Country

30 USA

3. Date Incorporated or Qualified

01/21/1977

3a. Date of Last Report

06/21/1996

4. FEI Number

59-1719260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOPER, DIANE P  
18200 SUNSET BLVD  
REDINGTON SHORES FL 33708

10. Name and Address of New Registered Agent

81 Name

COOPER, DIANE P.

82 Street Address (P.O. Box Number is Not Acceptable)

4334 HARBOR POINT DRIVE

83

84 City

PORT RICHEY

FL

85 Zip Code  
34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1003, 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

01-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☒ DELETE

NAME COOPER, DIANE  
STREET ADDRESS 315 WEST CHURCH AVE.  
CITY-ST-ZIP DADE CITY, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/BROKER ☒ Change ☐ Addition

1.2 NAME COOPER, DIANE P.

1.3 STREET ADDRESS 4334 HARBOR POINT DRIVE

1.4 CITY-ST-ZIP PORT RICHEY, FL 34668

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-97

Date

352-567-5155

Daytime Phone #

CR2E034 (9/96)