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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 524234

(2)

COOPER & ASSOCIATES, INC.

FILED Jan 16 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			ELDY ALUTI DIRIT BIDIL ELDIS ALUTI DIUST 1201
37700 MERIDIAN AVENUE P.O. BOX 248 DADE CITY FL 33525-3715		PO BOX 248 P.O. BOX 248 DADE CITY FL 33526			ITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifie	· · · · · · · · · · · · · · · · · · ·
	- Policy	Lo. Marillan Adalana		01/21/1977 4. FEI Number	Amelia d Pag
2. Principal Pi	lace of Business	2a. Mailing Address 26 37700 M	eridian	59-1719260	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	9.1Q151	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	3	City & State	: +u FL	6. Election Campaign Financing	_ +
23		28 (1)640 (1)	11 7	Trust Fund Contribution	Added to Fees
Zip	Country 25	^{Zi} ₂₉ 3352	Country 加上、5・	This corporation owes or has Personal Property Tax due Ju	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
COOPER, DIANE P 81 Name Katherine H. Britton					
18200 SUNSET BLVD REDINGTON SHORES FL 33708			82 Street A	Address (P.O. Box Number is Not Accep	n Arenue
83			83		
			84 City	Dade City	FL 85 Zip Code 33.53/a
The state of the s					
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 697.0505, Florida Statutes.					
				1/2/97	
SIGNATURE Signature, typed or prifted district of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	P\$	DELETE	1.1 TITLE	President,	Change 🚨 Addition
NAME	COOPER, DIANE		1.2 NAME	Katherine H. Britto	<i>o</i>
STREET ADDRESS	315 WEST CHURCH AVE.		1.3 STREET ADDRESS	20031 HWY. 301	
CITY-ST-ZIP	DADE CITY, FL 00000		1,4 CITY-ST-ZIP	Dode City FL	33520
TITLE		☐ DELETE	2.1 TITLE	•	∐ Change
NAME			2.2 NAME		1
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Director	Change Addition
NAME			3.2 NAME	Minne P. Cooper	
STREET ADDRESS			3.3 STREET ADDRESS	11334 Harbour Point	te Dr.
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Diene P. Cooper 1334 Harbour Point	34668
TITLE		☐ DELETE	4.1 TITLE	**	L Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition

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 changed, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Nederitord Buite

DELETE

1-6-97 352-567-5155

Change

___ Addition