


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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 602726 (2)  
1. Corporation Name  
COOPER, MOODY, ALTSCHULER, CHIZNER, DENNIS AND N  
IEDERMAN, INC.

Principal Place of Business 3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-3223	Mailing Address 3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-3223
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date incorporated or Qualified 03/16/1971	
4. FEI Number 59-1348026		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOPER, H.R. 3536 N. FEDERAL HWY. FORT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
---	--	--	--	--	--

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

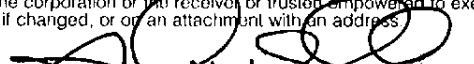
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THINY, KENT J			1.2 NAME			
STREET ADDRESS	1850 GATEWAY DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO CA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZUMWALT, LEANNE M			2.2 NAME			
STREET ADDRESS	1850 GATEWAY DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO CA			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEHRALT, JOHN			3.2 NAME			
STREET ADDRESS	1850 GATEWAY DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO CA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLACKWELDER, ERNEST A			4.2 NAME			
STREET ADDRESS	1850 GATEWAY DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO CA			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTER, JAMES D			5.2 NAME			
STREET ADDRESS	1850 GATEWAY DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO CA			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOREN, RICHARD B			6.2 NAME			
STREET ADDRESS	1850 GATEWAY DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO CA			6.4 CITY-ST-ZIP			

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.

SIGNATURE

 Sandra B. Mortham  
3/16/98 1:00 PM

CR2E034 (10/97)