(Requestor's Name)
(Address)
(Address)
_
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

	Amendment Section Division of Corporations
SUBJEC	CT: COOPER / SCHABINGE INC. (Name of Corporation)
	(Name of Corporation)
DOCUM	MENT NUMBER: FUUDOOOQU38
The encl	osed withdrawal application and fee are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	(Name of Person)
	(Name of Person)
	COOPER / SCHABNER INC.
	(Firm/Company)
	273 2137 NE. 62ND ST (Address)
	FORT LANDER DALE, FL. 33308-2101
	(City/State and Zip code)
For furth	ner information concerning this matter, please call:
ER	(Name of Person) at (454) 309-0197 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	d is a cheek for the amount:
535 F	Filing Fee \$\Bigcup \\$43.75 \text{ Filing Fee & Battus Certified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)} \[\Bigcup \\$43.75 \text{ Filing Fee & Battus & Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)} \[\Bigcup \\$43.75 \text{ Filing Fee & Battus & Certified Copy (Additional copy is enclosed)} \]
Z P	Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

COOPER SCHABINGER INC. (Name of Corporation)	
(Name of Corporation)	.
F0000000 2038	
(Document Number of Corporation (if known)	
[Incorporated Under Laws of and date authorized to transact business/conduct its affairs)	N T-LERIÓN
(TROT POTATED CIRIES 1.2WS OF AND CLATE AUDIOTIZED TO TRAINSACT DUSTRESS CONDUCT ITS ATTAINS)	
This corporation is no longer transacting business or conducting affairs within the State of F voluntarily surrenders its authority to transact business or conduct affairs in Florida.	lorida and hereby
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of action time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	2024
2137 NF 62ND ST	MAR MAR
(Mailing Address)	+ 7
FORT LANDGREDALE, FL. 33308	AH III
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mai	iling address.
The following is a current mailing address for the corporation: 2/37 NF 62NP ST (Mailing Address) (City/ State //.ip) The corporation agrees to notify the Department of State in the future of any change in its mail (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fictorismy, by that fiduciary)	024
Red Schabinger UP 50 (Typed or printed name of person signing) (Title of person signing)	gning)

FILING FEE \$35

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To:	Qualification/Ta Division of Corp		•			
SUBJE	CT: COOPER	/ SCHABINGER		ED	team of the second seco	
		(144	ane or corporation	- must merade samx)		
Dear Si	r or Madam:					
				on to Transact Business in Florida", " rporation to transact business in Flori		-
Please r	eturn all correspo	ndence concerning this	matter to the follo	wing:		
		DEAN A. SCOT	Т			
			(Name of	Person)		
		DEAN A. SCOT	T.& ASSOCIA	ATES		
			(Firm/Co	•	_ , , , , , , , , , , , , , , , , , , ,	
		201 N. LAKE	STREET	220 CLINTON S	- -	
			(Add	ress)		
		AURORA, IL 6	0506-9989	Montgomery IZ	60538-2901	
			(City/Sta			
Should y	you need to call so	omeone concerning this	matter, please cal		03202148::31 /10/0001140008 ***78.75 *****78.75	
JOSE	PH M. SCOT	T	at 630-89	17-3500	<u> </u>	
	(Name	of Person)	(Area	Code & Daytime Telephone Number)	
STREE	T ADDRESS:			MAILING ADDRESS:	OO A SECRE	
Division 409 E. C	ation/Tax Lien Se of Corporations Gaines St. see, FL 32399	ection	. ,	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FILED PR 10 PN 2: TARY OF STA	
ame vailabili	is a check for th	e following amount:			: 30	
xamine	! 	\$78.75 Filing Fee Certificate of Statu			iling Fee, te of Status & Copy	
Jpdater		cc				
Updater Verifyer	1.	occ ·				
Actino/	ledgement	occ (

DCC

W. P. Verifyer

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. COOPER / SCHABINGER INCORPORATED ... (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) 2. ILLINOIS (State or country under the law of which it is incorporated) MAY 1, 2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 6511 N.E. 21ST TERRACE FT. LAUDERDALE, (Current mailing address) 8. COMPUTER SOLICITED MAIL ORDER SALES (Purpose(s) of corporation authorized in home state or country to be carried out in state of floridal) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) RONALD L SCHABINGER Name: 6511 N.E. 21ST TERRACE Office Address: , Florida, 33308 (Zip code) LAUDERDALE 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

A. DIREC	CTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:		·
Address:		· — ; ·
Vice Chairi	man:	
Address:		
Director:	STEVEN M. COOPER	• ••:
Address:	6511 N.E. 21ST TERRACE	···
	FT. LAUDERDALE, FL 33308 U. A. D. A. D. C.	
Director:	RONALD L. SHCABINGER	1
Address:	6511 N.E. 21ST TERRACE	rige Villa vila
	FT. LAUDERDALE, FL 33308	
B. OFFIC	CERS (Street address only - P.O. Box NOT acceptable)	.· ·
President:	STEVEN M. COOPER	;·· -
Address:	6511 N.E. 21ST TERRACE	
	FT. LAUDERDALE, FL 33308	
Vice Presid	lent:	
Address:		:
Secretary:	RONALD L. SCHABINGER 6511 N.E. 21ST TERRACE O DODA'S	سادد د
Address:	6511 N.E. 21ST TERRACE U ADV	
	FT. LAUDERDALE, FL 33308	: •
Treasurer:	RONALD L. SCHABINGER	सम्बद्धः ४*
Address:	6511 N.E. 21ST TERRACE	
	FT. LAUDERDALE, FL 33308	
NOTE: If:	necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	 - ·
14. <u>RONA</u>	ALD L. SCHABINGER. (Typed or printed name and capacity of person signing application)	 -