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

**CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600005648 (8)

THE COOPER FACTOR, INC.

Principal Place of Business

Mailing Address

**FILED** Apr 28 1997 8:00am Secretary of State



HARRIS COOPE 1107 HAZELTIM		PER FACTOR, INC.		HARRIS COOPER - THE COOPER FACTOR, INC. 1107 HAZELTIME BLVD #475						
CHASKA MN 55318			CHASKA MN 5531	CHASKA MN 55318-1008			Date Incorporated or Qualified     10/31/1996	3a. Date of Last F	Report	
2. Principal Pl	lace of Busine	200	2a Mailing Addr	2a. Mailing Address			4. FEI Number	1 1	pplied For	
21	iace of busine	100	26				41-1647468	<b>⊢</b> —	ot Applicable	
Suite, Apt		e Blud # 4"	75 Suite, Apt. #,	Suite, Apt. #, etc. 27 1107 Hazeltine Blvd #475			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		<u> </u>	City & State	City & State			6. Election Campaign Financing		May Be	
23	<del></del>		28	<u> </u>			Trust Fund Contribution		to Fees	
Zip 24	·			Zip Country  29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Re	gistered Agent		
COOPER, HARRIS						81 Name				
9051 GULFSHORE DR					82	82 Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34108										
						03.		[as] 2	Codo	
					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, typod or printed name of registered agent and lite if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	Signature, typod o		CO AGENT AND DIRECTORS		2. 3.	om signature n	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	DCPT	OFFICE	DI		1 THLE		7,0011101107011111020 70 01111	Change	Addition	
NAME	COOPER,	HARRIS			2 NAME			- ·		
STREET ADDRESS 1102 HAZELTIMER BLVD #475				1	13 STREET ADDRESS //C		1107 Hazeltine Blvd ?	415		
CITY-ST-ZIP CHASKA MN 55318					4 CITY-S	1				
TITLE	DCVS		DI	ELETE 2	1 TITLE			🔀 Change	] Addition	
NAME	COOPER, PATRICE D				2.2 NAME		11 1/10 RIW	4475		
STREET ADDRESS	9325 OLYI			2 3 STREET ADDR		ADDRESS	1107 Hazeltine Blid #475			
CITY-ST-ZIP	EDEN PRA	VIRIE MN 55347			4 CITY-S		CHASKA, MN 5531	<i></i>		
TITLE			DI	i -	1 TITLE	ŀ		L Change	☐ Addition	
NAME					2 NAME					
STREET ADDRESS						ADDRESS			1	
CITY-ST-ZIP	<del></del>		DI		4. CITY-1	S1-ZIP		Change	Addition	
TITLE			ان ر_		1 TITLE			Onlings	L.J ROUMON	
NAME					2 NAME	ADDRESS				
STREET ADDRESS				1						
CITY-ST-ZIP TITLE			D		4 CITY - S 1 TITLE	51 - ZIP		Change	☐ Addition	
NAME			الم الميا		2 NAME					
STREET ADDRESS						ADDRESS				
					4 CITY-S					
CITY-ST-ZIP TITLE	<del></del>		D		<u>4 60 1 - 8</u> 1 TITLE	24.16.11		Change	Addition	
NAME			<del>, -</del> -		2 NAME	-  -				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				_	4 CITY-S					
0111-01-CI	<u> </u>				100012		stant in Continue 110 07/0V/). Elected Statute	- 17		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), I lorida Statutes. I turnier 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 Jaceiver 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 of an attachment with an address.