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Apr 30 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 # **G15722** (3)

1. Corporation Name
LOW COST PURCHASING CO-OP, INC.



Principal Place of Business

C/O MICHAEL H. OPPENHEIMER
1421 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

Mailing Address

C/O MICHAEL H. OPPENHEIMER
1421 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168-7804

3. Date Incorporated or Qualified
12/22/1982

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2243165

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 **333 Beville Rd.**

Suite, Apt. #, etc.

22

City & State

23 **South Daytona, FL**

Zip

24 **32119**

Country

25 **USA**

26

City & State

27

Zip

28 **32119**

Country

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City & State

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Zip

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City & State

32

Zip

33

City & State

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Zip

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City & State

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City & State

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Zip

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City & State

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Zip

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City & State

42

Zip

43

City & State

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Zip

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City & State

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Zip

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City & State

48

Zip

9. Name and Address of Current Registered Agent

OPPENHEIMER, MICHAEL H.
1421 S. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

South Daytona, FL

85 Zip Code

32119

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

1.1 TITLE ☐ DELETE

NAME
OPPENHEIMER, BRIAN
STREET ADDRESS
3 SPRINGWOOD TRAIL
CITY-ST-ZIP
ORMOND BEACH FL 32174

1.2 TITLE ☐ DELETE

NAME
OPPENHEIMER, MICHAEL
STREET ADDRESS
877 QUAIL RUN
CITY-ST-ZIP
ORMOND BEACH FL 32174

1.3 TITLE ☐ DELETE

NAME
OPPENHEIMER, SALLY D
STREET ADDRESS
925 N HALIFAX #403
CITY-ST-ZIP
DAYTONA BEACH FL 32118

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.8 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 included 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 registered agent or master 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

4/20/97

904-760-6444

CR2E034 (9/96)