

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

52395 1995B - 68712 NC
DOCUMENT # **G50994**

(4)

To: Corporation Name

KENNETH D. COOPER, P.A.

Principal Place of Business

**400 S.E. 8TH ST.
FT LAUDERDALE FL 33316**

Mailing Address

**400 S.E. 8TH ST.
FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1983

3a. Date of Last Report
05/01/1994

4. FFI Number
59-2311366

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under Fla. Stat. § 219.02
Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State

26. State

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, KENNETH
400 SE 8TH ST.
FT LAUDERDALE FL 33316**

81. Name

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

83. City

84. State

FL

85. Zip Code

11. I, the undersigned, in the presence of two or more disinterested persons, hereby certify that 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. Each 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 responsibility of two or more disinterested persons.

SIGNATURE

Signature of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME

**DPS
COOPER, KENNETH
400 SE 8TH STREET
FT LAUD FL
VPT**

1. NAME

☐ Change ☐ Addition

2. NAME

**COOPER, KENNETH
400 SE 8TH STREET
FT LAUD FL**

2. NAME

☐ Change ☐ Addition

3. NAME

**COOPER, KENNETH
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3. NAME

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4. NAME

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8. NAME

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☐ Change ☐ Addition

30. NAME

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30. NAME

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth D Cooper

5/17/95

305-522-7177

0224804 CP