

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90295 039 ***150.00

DOCUMENT # J48909

1. Corporation Name

ROBERT COOPER & ASSOCIATES, INC.



Principal Place of Business
**3618 WEBBER ST. SUITE 104
SARASOTA FL 34232**

Mailing Address
**3618 WEBBER ST. SUITE 104
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

59-2766963

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COOPER, MARIAN M.
3618 WEBBER ST. SUITE 104
SARASOTA FL 34232**

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.

(NOT Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	COOPER, ROBERT F.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3618 WEBBER ST. #104		1.3 STREET ADDRESS	
SARASOTA FL		1.4 CITY-ST-ZIP	
V	COOPER, MARK A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3618 WEBBER ST. #104		2.1 TITLE	
SARASOTA FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
S	COOPER, MARIAN M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3618 WEBBER ST. #104		3.1 TITLE	
SARASOTA FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marian M. Cooper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 941 924 7016
Date Daytime Phone #

CR2E034 (11/98)