

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

FILED

Apr 11 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 # J86933

(5)

1. Corporation Name
COOPER CAREER INSTITUTE, INC.



Principal Place of Business
2247 PALM BEACH LAKES BLVD
WEST PALM BEACH FL 33409

Mailing Address
~~2247 PALM BEACH LAKES BLVD~~
~~WEST PALM BEACH FL 33409 3470~~

3. Date Incorporated or Qualified 08/04/1987
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 129 N WITCHDUCK RD

27 Suite, Apt. #, etc.

28 VA BEACH, VA

29 23462 30

4. FEI Number 65-0032839
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

9. Name and Address of Current Registered Agent

~~SHOFSTALL, JR., WILLIAM G~~
~~820 SQUIRE DR~~
~~WEST PALM BEACH FL 33414~~

10. Name and Address of New Registered Agent

81 Name Phyllis Weissberger
82 Street Address (P.O. Box Number is Not Acceptable) 2247 Palm Beach Lakes Blvd
83 Suite 110
84 City West Palm Beach FL 85 Zip Code 33409

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 of authorized officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAAP, JOSEPH	
STREET ADDRESS	1027 GATES AVE	
CITY - ST - ZIP	NORFOLK VA 32507	
TITLE	CEOD	<input checked="" type="checkbox"/> DELETE
NAME	WALDMAN, JIM	
STREET ADDRESS	2247 PALM BEACH LAKES BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FINE, MORRIS	
STREET ADDRESS	2101 PARKS AVE	
CITY - ST - ZIP	VIRGINIA BEACH VA 23451	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FINE, ANDREW	
STREET ADDRESS	2101 PARKS AVE	
CITY - ST - ZIP	VIRGINIA BEACH VA 23451	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NAPIER, DENNIS	
STREET ADDRESS	2101 PARKS AVE	
CITY - ST - ZIP	VIRGINIA BEACH VA 23451	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 officer 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 of this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph D. JAAP

4/1/97 757-519-5500

Date Daytime Phone #

CR2E034 (9/96)