

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
129 N WITCHDUCK RD
VA BEACH VA 23462
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0032839	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WEISBERGER, PHYLLIS Evelyn KANNAWIN
2247 PALM BEACH LAKES BLVD
110
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
EVELYN L. KANNAWIN
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 *Evelyn KannaWin*, EVELYN KANNAWIN, DIRECTOR 4/29/98
Signature typed or printed name of registered agent, if that agent is applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAAP, JOSEPH	1.2 NAME	
STREET ADDRESS	1027 GATES AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, MORRIS	2.2 NAME	
STREET ADDRESS	2101 PARKS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, ANDREW	3.2 NAME	
STREET ADDRESS	2101 PARKS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, DENNIS	4.2 NAME	
STREET ADDRESS	2101 PARKS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 have either 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 on an attachment with address.

CR2E034 (10/97)