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

**FILED** Apr 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # COOPREE, INC. Principal Place of Business Mailing Address C/O J. FENIMORE COOPER. JR. 17 SOUTH MAGNOLIA AVENUE C/O J. FENIMORE COOPER. JR 17 SOUTH MAGNOLIA AVENUE DO NOT WRITE IN THIS SPACE ORLANDO FL 32801 ORLANDO FL 32801 3. Date Incorporated or Qualified 06/16/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2899958 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COOPER, J. FENIMORE, JR. 17 SOUTH MAGNOLIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition Change TITLE 1.1 TITLE COOPER, J. FENIMORE, JR 1.2 NAME NAME 17 S. MAGNOLIA AVE. STREET ADDRESS 1 3 STREET ADDRESS ORLANDO FL CITY-S1-ZIP 1 4 CITY-ST-ZIP DELETE Change Addition TITE F 21 TITLE REECE, WAYNE P. NAME 2.2 NAME 17 S. MAGNOLIA AVE. STREET ADDRESS 23 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 City-St-7iP DELFTE Change Addition 31 TITLE TITLE COOPER JR, J FENIMORE NAME 3 2 NAME 17 S MAGNOLIA AVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CHY-SI-ZIP CITY-ST-ZIP DELETE 5 1 THILE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 TITLE 6.2 NAME NAME

6.3 STREET ADDRES

implion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turner certify may use miscrated on this annual report or supplemental around report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appears in the receiver or trustee appropried to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP