FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:13

DOCUMENT # N39018 (9)

1. Corporation Name
COOPPA NEWS, INC.

Principal Place of Business	Mailing Address
13550 SW 10TH STREET PEMBROKE PINES FL 33027	13550 SW 10TH STREET PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0203486 ☐ 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
7. Nonprofit with INS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SACHS & SAX, P.A.
ARBERN FINANCIAL CENTER, SUITE 4150
301 YAMATO ROAD
BOCA RATON FL 33431

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	THIBAULT, KATHERINE M.	1.2 NAME	
STREET ADDRESS	13355 SW 9TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HYNES, MARION	2.2 NAME	
STREET ADDRESS	12800 SW 7TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, ADELE	3.2 NAME	
STREET ADDRESS	12901 SW 15TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, BERNIE	4.2 NAME	
STREET ADDRESS	13550 SW 6TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, CHARLOTTE, B	5.2 NAME	
STREET ADDRESS	12800 SW 7TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	LEVITTAN, ROBERT	6.2 NAME	
STREET ADDRESS	801 SW 133 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katherine M. Thibault — Feb 16, 1995 — (305) 437-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Katherine M. Thibault

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