

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1990		3a. Date of Last Report 02/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0203486		Applied For Not Applicable	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THIBAUT, KATHERINE M 13550 S.W. TENTH STREET PEMBROKE PINES FL 33027				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	THIBAUT, KATHERINE M.	1.2 NAME	
STREET ADDRESS	13555 SW 9TH CT, H101	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HYMES, MARION	2.2 NAME	
STREET ADDRESS	12800 SW 7TH CT., G105	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BERGER, ADELE	3.2 NAME	
STREET ADDRESS	12901 SW 15TH CT. V410	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ELLIS, BERNIE	4.2 NAME	
STREET ADDRESS	13550 SW 6TH CT., A418	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	HARVEY, CHARLOTTE	5.2 NAME	
STREET ADDRESS	12800 SW 7TH CT., G407	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	LEVITTAN, ROBERT	6.2 NAME	
STREET ADDRESS	801 SW 133 TERRACE, K407	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine M. Thibault

1/22/96

430-9801

CR2E037 (12/95)