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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33027-1881

3. Date Incorporated or Qualified 06/29/1990
3a. Date of Last Report 01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THIBAUT, KATHERINE M
13550 S.W. TENTH STREET
PEMBROKE PINES FL 33027

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	THIBAUT, KATHERINE M.	
STREET ADDRESS	13355 SW 9TH CT, H101	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYMES, MARION	
STREET ADDRESS	12800 SW 7TH CT., G105	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BERGER, ADELE	
STREET ADDRESS	12901 SW 15TH CT. V410	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIS, BERNIE	
STREET ADDRESS	13550 SW 6TH CT., A418	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARVEY, CHARLOTTE	
STREET ADDRESS	12800 SW 7TH CT., G407	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVITTAN, ROBERT	
STREET ADDRESS	801 SW 133 TERRACE, K407	
CITY - ST - ZIP	PEMBROKE PINES FL 33027	

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

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 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. Thibaut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97
Date

954-4309801
Daytime Phone # 0024031

CR2E037 (9/96)