FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

COOPPA NEWS, INC.

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address						
13550 SW 10TH	I STREET	13550 SW 10TH STREET			3. Date Incorporated or Qualified			
PEMBROKE PIN	ES FL 93027	PEMBROKE PINES FL 33027			06/29/1990			
						4. FEI Number	Ap	oplied For
						65-0203486	No	ot Applicable
	lace of Business	24- Mailing Address			·	5. Certificate of Status Desired	\$8.75 /	Additional
21		26	~			or Certificate of States Desired	Fee Re	equired
j Suite, Apt.	#, etc.	Suite, Apt. #, etc.	 1			6. Election Campaign Financing	\$5.00 H	
22		27]				Trust Fund Contribution L. Added to Fees		
City & State	В	City & State	⊢ '			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	28]	Count	trv		8. This corporation owes or has paid the		engible
24	25	├ ┪ '	30	,		Personal Property Tax due June 30.		No
241	9. Name and Address of Curre		50 ,			10. Name and Address of New Registers		
			8	1 Name	0			
THIBAUL	.T, KATHERINE M		-	2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
13550 S.W. TENTH STREET				0.100	n radio	55 (1,0. BOX Homber is Not Necopiacity		
	OKE PINES FL 33027		6	3				
			le le	4 City			. 85 Zip (Code
				1 1		F	·L ``	
11. Pursuant	to the provisions of Sections 617.05 egistered agent, or both, in the Sta	502 and 617.1508, Florida Statute ite of Florida. Such chance was a	s, the abouthorized	ove-name by the co	d corpo progratio	oration submits this statement for the purpose on's board of directors. I hereby accept the e	∍ of changing It appointment as	is registered registered
agent. I a	m familiar with, and accept the obli	igations of, Section 617.0503, Flor	rida Statut	tes.		,,		
SIGNATURE .								·····
12.	Signature, typed or printed name of registered #	agent and tille if applicable. (NOTE NO DIRECTORS	Registered A	Agent signatu	Je required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		3Ś IN 12
TITLE	TD OF ICERS A	DELETE	1.1 TITLE	F	- T	710011101101011111020110111	Change	☐ Addition
NAME	_		1.2 NAM					
STREET ADDRESS	13355 SW 9TH CT, H101			EET ADDRESS	,			
CITY-ST-ZIP	PEMBROKE PINES FL 3302	7		-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE		1		☐ Change	☐ Addition
NAME	HYMES, MARION		2.2 NAM	!E	ŀ			
STREET ADDRESS			2.3 STRE	EET ADDRESS	3			
CITY-ST-ZIP	PEMBROKE PINES FL 3302		2. 4 CiT1	Y-ST-ZIP				
TITLE	V P	☐ DELETE	3.1 TITLE	E			Change	Addition
NAME	BERGER, ADELE		3.2 NAM	1E				
STREET ADDRESS	12901 SW 15TH CT. V410	_	3.3 STRE	eet address	s			
CITY-ST-ZIP	PEMBROKE PINES FL 3302			Y-ST-ZIP	_		Chang-	Addition
TITLE	D STATE PERMIT	☐ DELETE	4.1 TITLE				☐ Change	L. Addition
NAME	ELLIS, BERNIE		4. 2 NAME		.			
STREET ADDRESS	13550 SW 6TH CT., A418	7		eet address	١,			
CITY-ST-ZIP	PEMBROKE PINES FL 3302	/ DELETE	4.4 CITY 5.1 TITLE	'-ST-ZIP	+		Change	Addition
NAME	HARVEY, CHARLOTTE		5.2 NAM					
STREET ADDRESS	12800 SW 7TH CT., G407			il Eet address	,			
CITY-ST-ZIP	PEMBROKE PINES FL 3302	7		-ST-ZIP	<u> </u>			
TITLE	VD	DELETE	6.1 TITLE		+		Change	Addition
NAME	LEVITTAN, ROBERT		6.2 NAM					
STREET ADDRESS	801 SW 133 TERRACE, K40)7		 Eet address	s			
	DEMINDONE DINES EL 3303				1			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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: