SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $399)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50382** (3)

1. Corporation Name
THE COOPER FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O VANOUTRYVE SECURITIES CORP. 50 W. 34TH ST., SUITE 22-A-8 NEW YORK NY 10001	C/O VANOUTRYVE SECURITIES CORP. 50 W. 34TH ST., SUITE 22-A-8 NEW YORK NY 10001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0354458 ~~APPLIED FOR~~ — 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 IRS 501(c)(3) Tax Exempt Status ☑ — FILING FEE IS $61.25
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
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GART, DAVID A
C/O SHUTTS & BOWEN
250 AUSTRALIAN AVE., S., SUITE 500
WEST PALM BEACH FL 33401

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	COOPER, DONALD
STREET ADDRESS	2160 IBIS ISLE RD. APT 5
CITY-ST-ZIP	PALM BEACH FL
TITLE	SD
NAME	COOPER, FAY
STREET ADDRESS	2160 IBIS ISLE RD., APT 5
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	COOPER, RICHARD
STREET ADDRESS	1800 S OCEAN BLVD., APT 4B
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	COOPER, ARLENE
STREET ADDRESS	6 WEST 77TH STREET, APT. 6B
CITY-ST-ZIP	NEW YORK NY 10024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

		☐ Change ☐ Addition
11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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: Donald Cooper (signature and typed or printed name of signing officer or director)

June 5, 1995 (Date)

212 695-2470 (Daytime Phone #)

CR2E037 (3/95)

0019432