SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N50382

1. Corporation Name

THE COOPER FAMILY FOUNDATION, INC.

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

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

C/O VANOUTRYVE SECURITIES CORP. 50 W. 34TH ST., SUITE 22-A-8 NEW YORK NY 10001

## FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90001 031 \*\*\*\*61.25



3. Date Incorporated or Qualifed 08/14/1992

| City & State   27   Country   28   Sc. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.00 miles   \$8.00 miles | Suite, Apt.   | #, etc.                                     | Suite, Apt. #, etc.             |                          | 4. FEI Number   | Applied For       |  |
|--|---|---|---------------------------------|--------------------------|---|-------------------|--|
| City & State   City & State   City & State   City & State   Status Desired   \$8.75 Additional   Fee Required   | 22  |   | 27                              |                          | 65-0354458  | Not Applicable    |  |
| Zip   Country   Zip   Country   St. Election Campaign Financing   St. 50.0 May 9e   Added to Fees  |   | 8-  |                                 |                          | E Contiferate of Chatter Desired                      | \$8.75 Additional |  |
| Zip Country 2 Zip Country 8, S.0.0 May Be Added to Fees 25, 0.0 May Be Added to Fees 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name Name Name 10,  | 23  |   | 28                              |                          | 5. Certificate of Status Desired                      | Fee Required      |  |
| S. 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  11. Parsuant 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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  S   |   | Country                                     |                                 | Country                  | 6. Election Campaign Financing                        | \$5.00 May Be     |  |
| GART, DAVID A C/O SHUTTS & BOWEN 250 AUSTRALIAN AVE., S., SUITE 500 WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and submit a provision and the fapication of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an experiment for the purpose of changing its registered age   | <b>一</b> ・  | 25  | 29                              | 10                       |   | Added to Fees     |  |
| GART, DAVID A C/O SHUTTS & BOWEN 250 AUSTRALIAN AVE., S., SUITE 500 WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the abover-samed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the collegations of, Section 617.0503, Florida Statutes, the abover-samed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the collegations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 Intrue  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 Intrue  14. COOPER, FAY 800 SOUTH OCEAN BLVD.  15. STREET ADDRESS  16. COOPER, RICHARD  16. COOPER, RICHARD  17. STATE BOOCA RATON FL  18. OCCOPER, RICHARD  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 Intrue  19. COOPER, RICHARD  10. COO   |   |   |                                 |                          | 10. Name and Address of New Registered Ag             | ent               |  |
| C/O SHUTTS & BOWEN 250 AUSTRALIAN AVE., S., SUITE 500 WEST PALM BEACH FL 33401  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, and familiar with, and accept the obligations of, Section 617.0503, 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, and the florida statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the florida statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes the appointment as registered agent, and statutes the corporation's board of directors. I hereby accept the appointment as registered agent, and statutes the corporation's board of directors. I hereby accept the objective of directors. I hereby accept the appointment as registered agent, and statutes.  12.   |   |   |                                 | 81 Nan                   | ne  |                   |  |
| C/O SHUTTS & BOWEN 250 AUSTRALIAN AVE., S., SUITE 500 WEST PALM BEACH FL 33401  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, and familiar with, and accept the obligations of, Section 617.0503, 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, and the florida statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the florida statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes the appointment as registered agent, and statutes the corporation's board of directors. I hereby accept the appointment as registered agent, and statutes the corporation's board of directors. I hereby accept the objective of directors. I hereby accept the appointment as registered agent, and statutes.  12.   | CART D  | AVAID A                                     |                                 |                          | (0.0 0.0 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.             | <del></del>       |  |
| 250 AUSTRALIAN AVE., S., SUITE 500 WEST PALM BEACH FL 33401  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 in maintain with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in maintain with, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in maintain with a maintain and accept the obligations of 57.6903, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  COOPER, FAY  12. NAME  COOPER, FAY  13. STREET ADDRESS OUTH OCEAN BLVD.  13. STREET ADDRESS OUTH OCEAN BLVD.  13. STREET ADDRESS OUTH OCEAN BLVD.  14. GIT's 57.2P  17. Le Cooper, FAY  18. NAME  COOPER, RICHARD  22. NAME  23. STREET ADDRESS  GITY-ST.2P  18. OCEAN BLVD., APT 48  23. STREET ADDRESS  GITY-ST.2P  18. OCEAN BLVD., APT 48  24. GITY-ST.2P  18. OCEAN BLVD., APT 48  25. NAME  18. OCEAN BLVD., APT 48  26. WEST 77TH STREET, APT. 68  NEW YORK NY 10024  27. NAME  28. OCEAN BLVD.  18. OCEAN BLVD.  18   | C/O SHUTTS & BOWEN<br>250 AUSTRALIAN AVE., S., SUITE 500  |   |                                 | 82   Stre                | 82 Street Address (P.O. Box Number is Not Acceptable) |                   |  |
| WEST PALM BEACH FL 33401  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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE   |   |   |                                 | 83                       |   |                   |  |
| 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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  SD   Change   Addition  NAME  COOPER, FAY  12. NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. NAME  12. NAME  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  14. CMT-51-ZP  14. CMT-51-ZP  15. TITLE  COOPER, RICHARD  15. STREET ADDRESS  16. WEST 77TH STREET, APT 68  16. WEST 77TH STREET, APT 68  17. STREET ADDRESS   |   |   |                                 |                          |   |                   |  |
| 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 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, or both, in the Obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    20   | WEST PALM BEACH FL 33401  |   |                                 | 84 City                  | · Et  | 85 Zip Code       |  |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Floridad Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  SD  |   |   |                                 |                          |   |                   |  |
| 12.  | 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 |   |                                 |                          |   |                   |  |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SD  | SIGNATURE   | Standard a nonted name of registered agent. | and title if annicable (NOTE: F | legistered Agent signatu | ure required when reinstating) DATE                   | · · · · · ·       |  |
| TITLE  | 12  |   |                                 |                          |   | DIRECTORS IN 12   |  |
| NAME   |   |   |                                 | 1.1 TITLE                |   | Change Addition   |  |
| STREET ADDRESS   S00 SOUTH OCEAN BLVD.   13 STREET ADDRESS   14 CITY-ST-ZIP  |   |   |                                 | 1.2 NAME                 |   |                   |  |
| CITY-ST-ZIP   BOCA RATON FL 33432  |   |   |                                 |                          | ::ee  |                   |  |
| DELETE   D   |   |   |                                 |                          |   |                   |  |
| NAME COOPER, RICHARD STREET ADDRESS 1800 S OCEAN BLVD., APT 4B 22 NAME 23 STREET ADDRESS CITY-ST-ZIP NAME COOPER, ARLENE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TREET ADD   |   |   | □ DELETE                        | <del></del>              |   | Change Addition   |  |
| STREET ADDRESS  1800 S OCEAN BLVD., APT 4B BOCA RATON FL 2.4 CITY-ST-ZIP  TITLE D COOPER, ARLENE STREET ADDRESS CITY-ST-ZIP  TITLE BWEST 77TH STREET, APT. 6B NEW YORK NY 10024  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS STREET ADDR   |   |   | G beere                         |                          | <u> </u>  |                   |  |
| CITY-ST-ZIP BOCA RATON FL  1TILE D NAME COOPER, ARLENE STREET ADDRESS 6 WEST 77TH STREET, APT. 6B STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10024 3.4. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.3. STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS TI   | NAME  | • • •                                       |                                 |                          |   |                   |  |
| TITLE D DELETE 3.1 TITLE COOPER, ARLENE STREET ADDRESS 6 WEST 77TH STREET, APT. 68 STREET ADDRESS NEW YORK NY 10024  TITLE DELETE 1. TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE 1. Change Addition Addition  TITLE Change Addition Addition  TITLE Change Addition  TITLE S.2 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE S.3 STREET ADDRESS CITY-ST-ZIP  TITLE S.3 STREET ADDRESS CITY-ST-ZIP  TITLE S.3 STREET ADDRESS CITY-ST-ZIP  TITLE S.4 CITY-ST-ZIP   | STREET ADDRESS  |   |                                 |                          | SS  |                   |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS   | CITY-ST-ZIP   |   |                                 |                          |   | Change Addition   |  |
| STREET ADDRESS   6 WEST 777H STREET, APT. 68   3.3 STREET ADDRESS   NEW YORK NY 10024   3.4 CITY-ST-ZIP  | TITLE   | ł <del>-</del>                              | □ DETELE                        | 1                        |   |                   |  |
| NEW YORK NY 10024   3.4. CITY-ST-ZIP   | NAME  |   | _                               | 3.2 NAME                 |   |                   |  |
| DELETE   | STREET ADDRESS  | I   | В                               | 3.3 STREET ADORE         | ESS   |                   |  |
| NAME   | CITY-ST-ZIP   | NEW YORK NY 10024                           |                                 | 3.4. CITY-ST-ZIP         |   | ===               |  |
| A3 STREET ADDRESS  | TITLE   |   | ☐ DELETE                        | 4.1 TITLE                |   | Change Addition { |  |
| A CITY-ST-ZIP  | NAME  |   |                                 | 4. 2 NAME                |   |                   |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP  | STREET ADDRESS  | ·   |                                 | 4.3 STREET ADDRE         | ESS   |                   |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition   | CITY-ST-ZIP   |   |                                 | 4.4 CITY-ST-ZIP          |   |                   |  |
| STREET ADDRESS  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.4 TITLE  Change Cl Addition  |   |   | ☐ DELETE                        | 5.1 TITLE                |   | Change Addition   |  |
| STREET ADDRESS  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.4 TITLE  Change Claddition   | NAME  |   |                                 | 5.2 NAME                 |   |                   |  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP CONTROL CO   |   | •   |                                 | 5.3 STREET ADDRE         | ess   |                   |  |
| Change Addition  | -   |   |                                 | 5.4 CITY-ST-ZIP          | Ì   | Í                 |  |
| ··· <del>···</del>   |   |   | ☐ DELETE                        | 6.1 TITLE                |   | Change            |  |
| NAME 62 NAME   |   |   | _                               | 6.2 NAME                 | ,   | ]                 |  |
| ¢ 2 CTDECT ADDRESS   |   |   |                                 | 6.2 CTDEET ADDDE         | =00   | (                 |  |
| SINCE I AUDICESS   | SIREELADURESS   | l .   |                                 | 0.3 3 KEEL MUUNE         |   |                   |  |
| 14. I 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  |   |   |                                 |                          |   | ľ                 |  |

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turner certify that the minimated 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, with all other like empowered.

SIGNATURE: FA V COSTERTURE POOL UCTION
SIGNATURE AND THE OR PRINTED NAME OF SYSTEM OFFICE POOR DIRECTOR

1/1/1999 212 695 2470