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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 N93000004329 (9) DOCUMENT #
1. Corporation Name

COOPER CITY COMMERCE CENTER-NORTH, INC.

Principal Place of Business	Mailing Address
15400 WATERMILL RD. DAVIE FL 33331	15400 WATERMILL RD. DAVIE FL 33331-3471

FILED May 06 1997 8:00am Secretary of State



15400 WATERMII DAVIE FL 33331		15400 WATERMILL RD. DAVIE FL 33331-3471					
					3. Date incorporated or Qualified 09/20/1993	3a. Date of La 02/20/	st Report 1996
2. Principal Pla	ace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 65-0440922	'	Applied For
21		26			65-0440922		Not Applicable
Suite, Apt #	W, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
22		27			G. Certificate of Status Dealed	Fee	e Required
City & State	•	City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution	☐ Add	led to Fees
Z _' p	Country	Zip	Count	try	8. This corporation has fiability for i		er s. 199.032,
24 25 29 29 3. Name and Address of Current Registered Agent		30		Florida Statutes 10. Name and Address of New Re	Yes ∐ No		
	a. Mama and Addless of Chile	it uedistelen wäelt		1 Name	TO, Name and Address of New Ne	distalen Wösur	
// DAUEO	FILOCALE 4			Pete	er J. Kelly		
	C, EUGENE J		ā	2 Street A	Address (P.O. Box Number is Not Acceptab		
	'ATERMILL RD.			501	East Kennedy Boulevard	- Suite	1400
DAVIE FL	. 33331		*	3			
			ē	4 City		85	Zip Code
				Tamt	pa	FL 3	3602
11. Pursuarit k	to the provisions of Sections 617.050 enistered agent/or both, in the State	02-end 617.1508, Florida Sta of Florida, Such change wa	itutes, the abo as authorized :	ove-named of by the core	corporation submits this statement for the p oration's board of directors. I hereby accep	surpose of changir of the appointmen	ng Its registered t as registered
agent. I an	n familiar with a specept the oblig	ations of, Section 617.0503,	Florida Statut	les.	orapores swara se anosionos en consultar acusos		
1	1(12)	0.1					
SIGNATUR K							
	Signature in ped or printed harrie of registered ag			gent signature r	required when reinstating)	DATE	TODO (1) 10
12.	OFFICERS AN	ID DIVIECTORS	13.		regulted when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	
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corporation of the receiver or trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

Daytime Phone # 0037580