


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005728	
1. Entity Name THE IRVING AND DOROTHY COOPER FAMILY FOUNDATION, INC.	

Principal Place of Business 4800 N. FEDERAL HWY 205-E BOCA RATON FL 33431 US	Mailing Address 4800 N FEDERAL HWY #205-E BOCA RATON FL 33431 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0706905	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLOSHEIM, J. HAROLD JR 4800 N. FEDERAL HWY SUITE 205E BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PTD	NAME COOPER, DOROTHY	TITLE	NAME
STREET ADDRESS 2600 S. OCEAN BLVD	CITY - ST - ZIP BOCA RATON FL	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME KLOSHEIM, JR. HAROLD J.	TITLE	NAME
STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 205E	CITY - ST - ZIP BOCA RATON FL	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	NAME MICHAELS, STEVEN	TITLE	NAME
STREET ADDRESS 800 WEATHER LANE MANNER	CITY - ST - ZIP PLANTATION FL 33323	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **J HAROLD KLOSHEIM JR** 1/24/04 561-362-9900