

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90009 027 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # N98000001001**

1. Corporation Name

**COOPPA GUARDIAN, INC.**

Principal Place of Business

13350 SW 10TH STREET  
PEMBROKE PINES FL 33027

Mailing Address

13350 SW 10TH STREET  
PEMBROKE PINES FL 33027

605453-90007-30 3 \*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	02/20/1998
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	65-084-0551
24. Country	29. Country	Applied For
	30. Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**FRIEDMAN, STEVEN ESQUIRE**  
**235 N UNIVERSITY DRIVE**  
**PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	1ST VP
NAME	LADIN, GENE	1.2 NAME	WILLIAM EPSTEIN
STREET ADDRESS	13350 SW 10TH STREET	1.3 STREET ADDRESS	850 SW 13TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33027	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	D	2.1 TITLE	2ND V.P.
NAME	FELDMAN, GERALD	2.2 NAME	RAYMOND SAULTZ
STREET ADDRESS	13350 SW 10TH STREET	2.3 STREET ADDRESS	150 SW 14TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33027	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	D	3.1 TITLE	PRESIDENT
NAME	FRIEDMAN, AL	3.2 NAME	
STREET ADDRESS	13350 SW 10TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	SECY
NAME		4.2 NAME	DELYN HALLEN
STREET ADDRESS		4.3 STREET ADDRESS	150 SW 14TH TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

*Albert Friedman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT FRIEDMAN

Date

7/1/99

Daytime Phone

(901) 437-8864

CR2E037 (5/99)