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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800001001

1: Corporation Name

COOPPA GUARDIAN, INC.

Principal Piece of Business 13350 SW 10TH STREET PEMBROKE PINES FL 33027 Mailing Address

13350 SW 10TH STREET PEMBROKE PINES FL 33027

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

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Zp Country Zp Country 2p Country 5,500 May 96 253 29 360 Trost Fund Contribution Added to Fees	City & State			City & State			\$8.75 Additional	
9. Name and Address of Current Registered Agent FRIEDMAN, STEVEN ESOURE 235 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024 58 Street Address (P.O. Box Number is Not Acceptable) 58 Street Address (P.O. Box Number is Not Acceptable) 59 Street Address (P.O. Box Number is Not Acceptable) 50 Street Address (P.O. Box Number is Not Acceptable) 50 Street Address (P.O. Box Number is Not Acceptable) 51 Pursuant to the provisions of Sections 617,0502 and 617,1508, Piorida 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 Piorida. Such change was sudhorted by the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and applies the corporation's board of directors. I hereby accept the appointment as registered agent, and applies the corporation's board of directors. I hereby accept the appointment as registered agent, and applies the corporation's board of directors. I hereby accept the appointment as registered agent agreement	Zip	Country Zip		` _				
FRIEDMAN, STEVEN ESQUIRE 235 N LANVERSITY DRIVE PEMBROKE PINES FL 33024 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the pursuant 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 is registered agent, to the familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the pursuant agent agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, and the familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the pursuant agent agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the pursuant accept the appointment are registered agent. As a statement for the pursuant accept the appointment are registered agent. As a pursuant agent age	 						10. Name and Address of New Registered Agent	
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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	COV ST 710							

4. 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 raceiver 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:

UNCOLATIONSAFORM

KY BERT PRIGODON

7/1/49

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