


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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/20/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0840551
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FRIEDMAN, STEVEN ESQUIRE 235 N UNIVERSITY DRIVE PEMBROKE PINES FL 33024				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	1ST VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADIN, GENE	1.2 NAME	WILLIAM EPSTEIN
STREET ADDRESS	13350 SW 10TH STREET	1.3 STREET ADDRESS	850 SW 138TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33027	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	2ND V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, GERALD	2.2 NAME	RAYMOND SAULTZ
STREET ADDRESS	13350 SW 10TH STREET	2.3 STREET ADDRESS	150 SW 124TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33027	2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	BERLYN HALLEN
STREET ADDRESS		4.3 STREET ADDRESS	1150 SW 124TH TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ALBERT FRIEDMAN 7/1/99 (9PM) 437-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)