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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007386

1. Corporation Name
COOPER'S CULINARY CATERING, INC.

Principal Place of Business 5604 SW 18TH ST HOLLYWOOD FL 33023	Mailing Address 5604 SW 18TH ST HOLLYWOOD FL 33023
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 12/30/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

COOPER, JOHN ALFRED
5604 SW 18TH ST
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOPER, JOHN ALFRED	
STREET ADDRESS	5604 SW 18TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COOPER-BABOOLAL, KATHY E.	
STREET ADDRESS	965 N NOB HILL RD, SUITE 186	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COOPER, ALLENE P	
STREET ADDRESS	5604 SW 18TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MTtr	
1.3 STREET ADDRESS	Cooper-Armstrong, Kacey E.	
1.4 CITY-ST-ZIP	5604 SW 18 Street Hollywood, FL 33023	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:  SIGNATURE REQUIRED
 2-2-99 954-987-4161
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)