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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000011689 (6) COOPER CHARTERS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 163 DEVON WOOD WAY 163 DEVON WOOD WAY VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3163973 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζю Country 8. This corporation owes or has paid the current year intangible Yes Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOPER, RAYMOND P 163 DEVONWOOD WAY Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. Signature, typed or printed name of registers diagent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE COOPER, RAYMOND P 1.2 NAME NAME 163 DEVON WOOD WAY STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 32963 CITY-ST-7IP 1.4 CITY - ST - 7IP Change DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP [] Change DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 supplied intuitive 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 of

1 Back 19 1

SIGNATURE:

51-8 54234174