

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

FEB 27 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015205 (7)

1. Corporation Name

COOPER & JONES VALUATION, INC.

Principal Place of Business

~~740 N. GARLAND AVE.~~
~~ORLANDO FL 32801~~

Mailing Address

~~740 N. GARLAND AVE.~~
~~ORLANDO FL 32801~~

SEE CHANGE BELOW

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
03/22/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-3153243

Applied For
Not Applicable

Suite, Apt. # etc.
732 N. Thornton Ave.
City **Orlando, FL 32803**

Suite, Apt. # etc.
732 N. Thornton Ave.
City **Orlando, FL 32803**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

24

25

Zip Country

29

Zip Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARABEDIAN, EDWARD P
~~740 N. GARLAND AVE~~
~~ORLANDO FL 32801~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

732 N. Thornton Ave.
Orlando, FL 32803

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.120, 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

Signature of Registered Agent and Secretary (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE
NAME **KARABEDIAN, EDWARD P**
STREET ADDRESS ~~740 N. GARLAND AVE.~~
CITY, ST, ZIP ~~ORLANDO FL 32801~~

12 TITLE
NAME **D MALDONADO, VINCENT**
STREET ADDRESS ~~740 N. GARLAND AVE.~~
CITY, ST, ZIP ~~ORLANDO FL 32801~~

13 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

15 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

16 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
732 N. Thornton Ave.
Orlando, FL 32803

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
732 N. Thornton Ave.
Orlando, FL 32803

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY, ST, ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY, ST, ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY, ST, ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY, ST, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 it may have under oath. That I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. KARABEDIAN / PRESIDENT

2/20/95 4078566300