

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

**APPROVED AND FILED**

95 MAY -1 AM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
CIVIL SERVICE COMMISSION  
P.O. BOX 1000  
TALLAHASSEE, FLORIDA 32304

DOCUMENT # P93000018516 (3)

COOPER SUMMIT, INC.

1. Principal Place of Business C/O JOHN W. COOPER 1927 ALOMA AVENUE WINTER PARK FL 32792 US		2a. Mailing Address C/O JOHN W. COOPER 1927 ALOMA AVENUE WINTER PARK FL 32792 US		3. Certificate Number (or number) 03/01/1993	3a. Date of Last Report 04/05/1994
21. Certificate Number 22. Certificate Expiration Date 23. City & State	26. Mailing Address 27. City & State	24. City 25. State	29. City 30. State	4. FPI Number 59-3171700	Applied For Not Applicable
				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
				8. This corporation has liability for estate tax under S. 1971(b)(2) Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOPER, A T III 1230 MYRTLE AVENUE SOUTH SUITE 102 CLEARWATER FL 34616				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Acceptable)	
				B3. City	
				B4. City	B5. Zip Code

11. Pursuant to the provisions of Sections 607, 607.01 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, it certifies the appointment as registered agent. I am hereby authorized to accept the obligations of Sections 607.008 Florida Statutes.

STATE OF FLORIDA

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DEPARTURES	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	COOPER, JOHN W	2. NAME	
3. STREET ADDRESS	3055 TUSKAWILLA RD SO	3. STREET ADDRESS	
4. CITY & STATE	OVIDEA FL 32765	4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY & STATE		8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and equally for the corporation stated in Sections 607.008 Florida Statutes. I further certify that the information indicated on the 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 recipient of the document governed by this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 13 of this filing instrument. An attachment with an address.

SIGNATURE: *John W. Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 679-1050  
(407)