FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000075263 (2)

M. E. COOPER CO.

FILED
Jan 29 1998 8:00am
Secretary of State

	0001 EH 00.			
Principal Place of Business Mailing Address				a imprimus him imima hirti matili matili matili matili matili immin arkim hitira minam hiri immi
3920 LEANE DR 961 HARBOR DR.				
TALLAHASSEE FL 32308 KEY BISCAYNE FL 33149 US				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				11/01/1993
	Place of Business	2a. Mailing Address	/ - 11	4. FEt Number Applied For
21 570	Harbar GATE WA	26 520 Harbo	- GATE W	
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
22 Civ & Stat	to /	27 City & State /		0.50
	THOMY KEY 7	L 28 Long bons	Key Fl	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 34)	WE Country SA	29 34YV& 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax: due June 30 Yes No
24 0 7 1	9. Name and Address of Cur)	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
0'		Tatt Hogistolog Agent	81 Name	0./ 1. /.///
2000 I SANE DD				ONEIC WILLIAM THE
TALLAHASSEE FL 32308				ddress (P.D. Box Number is Not Acceptable)
83				110000
			4	
			84 C 0	mgbout Key FL 85 34 VVS
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 Stephens				
SIGNATURE ONEIL, WILLIAM AF OUCCUL				
40	Signature, typed or printed name of registered	d agent and title if applicable (NOTE: R AND DIRECTORS	legistered Agent signature rec	rquirold when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	D OFFICENS	DELETE	11 TITLE	Change Addition
NAME	ONEIL, WILLIAM III		1.2 NAME	ONSIL WILLIAM ITTE Way JUNE
STREET ADDRESS	3920 LEANE DR		1.3 STREET ADDRESS	512 11 10 10 10
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	3 FO HATON GATE WAY 3 YILL
TITLE		DELETE	21 TITLE	Change Addition
NAME	Ì		2.2 NAME	, , , , , ,
STREET ADORESS			2.3 STREET ADDRESS	ξ.
CITY-ST-ZIP	{		2. 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS		İ	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST- ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 THILE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Delete	5.4 City-St-ZiP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME		į	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 CITY-S1-ZIP	

14. Thereby 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 logal 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or ying a parachimed without address.

CIONATURE.

1-16-98

941-383-9794