


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

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000083503 (0)**

1. Corporation Name

COOPER'S OF COLLIER COUNTY, INC.

Principal Place of Business

**610 WEBER BLVD S
NAPLES FL 34117
US**

Mailing Address

**610 WEBER BLVD S
NAPLES FL 34117
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14091 Cedardale St.		26 14091 Cedardale St.		11/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0534796	
City & State		City & State		Applied For	
23 Ft. Myers, Florida		28 Ft. Myers, Florida		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33905		29 33905		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent

**COOPER, RUSTON J
610 WEBER BLVD S
NAPLES FL 34117**

10. Name and Address of New Registered Agent

81 Name	John W. Ludlam
82 Street Address (P.O. Box Number is Not Acceptable)	14091 Cedardale Street
83	
84 City	Ft. Myers, FL
85 Zip Code	33905

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

John W. Ludlam

3/23/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RUSTON J	1.2 NAME	John W. Ludlam
STREET ADDRESS	610 WEBER BLVD SOUTH	1.3 STREET ADDRESS	14091 Cedardale Street
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Ft. Myers, Florida 33905
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBLAM, JOHN	2.2 NAME	Stacey Ludlam
STREET ADDRESS	14091 CEDAR DALE ST	2.3 STREET ADDRESS	14091 Cedardale Street
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, Florida 33905
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	John W. Ludlam
STREET ADDRESS		3.3 STREET ADDRESS	14091 Cedardale Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Myers, Florida 33905
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John W. Ludlam

3/23/98

(941) 694-6973

CR2E034 (1097)