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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P94000083503

COOPER'S OF COLLIER COUNTY, INC.

						- I JEBILBAN IAR IBILI BIBIL BENE BRI	(C BBI() BB(A)		111 80100 1111 1001
Principal Place of Business Mailing Address						DO NOT WRITE IN THIS SPACE			
14091 CEDARDALE ST FT. MYERS FL 33905		14091 CEDARDALE ST FT. MYERS FL 33905							
US		US				3. Date Incorporated or Qualifed 11/14/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26		_		65-0534796			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			5 Additional
22	·	27					<del> </del>		Required
City & State	e	City & State				6. Election Campaign Financing			May Be
23		Zip Country				Trust Fund Contribution			d to rees
Zip	Country	Zip		з у		8. This corporation owes the curre Personal Property Tax.	eni year ini	M Yes	□No
24	9. Name and Address of Curr		30			10. Name and Address of New R	egistered		
	9. Name and Address of Curr	au Kadistelen Adeur	8	11	Name				,
LUDLAM, JOHN W. 14091 CEDARDALE ST			8	2	Street Addr	eet Address (P.O. Box Number is Not Acceptable)			
	MYERS FL 33905		8	13		电电影电影 網絡 医眼睛			
			8	14	City	- 100 day 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		85 Z	ip Code
				$\perp$			DUIDOSA OF	changing	its registered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli-	e of Fiorida, Such change was au	imonzeu i	Jγ U	ile corporation	oration submits this statement for the on's board of directors. I hereby accept	t the appoi	intment as	registered
SIGNATURE					<u> </u>		DATE		
	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: NOTE:	Registered Ag	gent	signature required	d when reinstating); ADDITIONS/CHANGES TO OF		ND DIREC	TORS IN 12
12.	VP OFFICERS /	DELETE	1.1 TITLE	F		7,557,107,07,07,07,07,07,07,07,07,07,07,07,07,0		Chang	
TITLE	LUDLAM, STACEY		1.2 NAM						
NAME STREET ADDRESS	OFB. (DD )   F OF				ADDRESS				
	FT. MYERS FL 33905		1.4 CITY		1	•			
CITY-ST-ZIP TITLE	PS	☐ DELETE	2.1 TITU	_		-		Chan	ge Addition
NAME	LUBLAM, JOHN		2.2 NAM	E					
STREET ADDRESS	AAAAA OEDAD DALE CE		2.3 STR	EET	ADDRESS		•	<u>}-</u> -,	
CITY-ST-ZIP	FT MYERS FL 33905		2. 4 CIT	Y-ST	T-ZIP				
TITLE .	- /	☐ DELETE	3.1 TITL	E				☐ Chan	ge 🖺 Addition
NAME	[ ]		3.2 NAM	Œ					
STREET ADDRESS		•	3.3 STR	EET.	ADDRESS	1. N. 1 & 199 (1)	i (18 %) je	11 6	EXMINITED BY
CITY-ST-ZIP			3.4. CIT	Y-ST	T-ZIP				9. 1 3 1 3
TITLE		☐ DELETE	4.1 TITU	E				∵ ∐ Chan	ige Addition
NAME,			4, 2 NA	ΜE					
STREET ADDRESS	*		4.3 STR	EET.	ADDRESS		•		
CITY-ST-ZIP			4,4 CITY		r-ZIP				no 🗆 Addition
TITLE		☐ DELETE	5,1 TITL			****		Chan	nge
NAME			5.2 NAM			• 700 P			-
STREET ADDRESS					ADDRESS	,			·
CITY-ST-ZIP			5.4 CITY		r-zip			Chan	nge 🗍 Addition
TITLE		☐ DELETÉ	6.1 TITL						Re C Vocinou
NAME			6.2 NAW						
CTREET ADDRESS	1 ( )		6.3 STR	EET	ADDRESS			-	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

02-15-1999 90027 031 \*\*\*150.00