

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022291 (5)

1. Corporation Name

COOPER COMMUNICATIONS GROUP, INC.



Principal Place of Business

Mailing Address

4464 S.W. FIRESIDE CIRCLE
PORT ST. LUCIE FL 34953

4464 S.W. FIRESIDE CIRCLE
PORT ST. LUCIE FL 34953

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2712

22 City & State

27 Suite, Apt. #, etc.

23 Zip Country

28 STUART, FLORIDA

24 34995 25 30 U.S.A.

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0571339

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE P
NAME COOPER, CHRISTOPHER S
STREET ADDRESS 4464 S.W. FIRESIDE CIRCLE
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

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CITY-ST-ZIP

TITLE DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE SECRETARY (S)
1.2 NAME RUTH A. COOPER
1.3 STREET ADDRESS 4464 SW FIRESIDE CIRCLE
1.4 CITY-ST-ZIP PORT ST. LUCIE, FLORIDA 34953

2.1 TITLE TREASURE (T)(P)
2.2 NAME CHRISTOPHER S. COOPER
2.3 STREET ADDRESS 4464 SW FIRESIDE CIRCLE
2.4 CITY-ST-ZIP PORT ST. LUCIE, Florida 34953

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

PRESIDENT CHRISTOPHER S. COOPER

4-30-96

336-8769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)