Mailing Address

NAPLES FL 34103

4099 TAMIAMI TRAIL NO. 2ND FLOOR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057025

1. Corporation Name

Principal Place of Business

NAPLES FL 34103

RICHARD COOPER PA

4099 TAMIAMI TRAIL NO. 2ND FLOOR

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	26						65-0595891	<u> </u>	·		Not	Applicable
#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required					
te ·	1	City & State					6. Election Camp	aign Financing		\$5	۸ 00.	fay Be
	28						Trust Fund Co	ntribution	— —	Ac	ded to	Fees
Country Zip			Co	Country			8. This corporation	n owes the cu	rent year Int	angible		
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9. Name and Address of Current	Regis	stered Agent					10. Name and Ad	dress of New	Registered	Agent		
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4099 TAMIAMI TRAIL NO. 2ND FLOOR				02	Stre	a Address	S (P.O. BOX NUMBE	er is Not Accep	laule)			į
NAPLES FL 34103				83			-					
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	Country 25 9. Name and Address of Current PER, RICHARD TAMIAMI TRAIL NO. 2ND FLOOI LES FL 34103 to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS ANI DPST COOPER, RICHARD 4099 TAMIAMI TRAIL N 2ND FL NAPLES FL 34103	#, etc. 27 e Country 25 9. Name and Address of Current Region PER, RICHARD TAMIAMI TRAIL NO. 2ND FLOOR LES FL 34103 to the provisions of Sections 607,0502 and registered agent, or both, in the State of Floor m familiar with, and accept the obligations of Signature, typed or printed name of registered agent and title OFFICERS AND DIR DPST COOPER, RICHARD 4099 TAMIAMI TRAIL N 2ND FLOOR NAPLES FL 34103	#, etc. Suite, Apt. #, etc. City & State 28 Country Zip 29 9. Name and Address of Current Registered Agent PER, RICHARD TAMIAMI TRAIL NO. 2ND FLOOR LES FL 34103 to the provisions of Sections 607.0502 and 607.1508, Florida Stegistered agent, or both, in the State of Florida. Such change were familiar with, and accept the obligations of, Section 607.0505 Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS DPST COOPER, RICHARD 4099 TAMIAMI TRAIL N 2ND FLOOR NAPLES FL 34103 DELETI DELETI	Accepted Business 2a. Mailing Address 26	#, etc. Suite, Apt. #, etc. City & State Country Zip Country All B1 B2 B2 B2 B4 Country All B2 All B3 B4 B4 B5 B4 B5 B6 B6 B6 B6 B7 B7 B7 B8 B8 B8 B8 B8 B8 B8	Za. Mailing Address Za. Mailing Address Za. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Z7 Z9 Zip Country Zip Zi	Za. Mailing Address Za. Mailing Address Za. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Z7 Executive Zip Country Zip Zip	Some content of the provisions of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this segistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or printed name of registered agent and to the provisions of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this segistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors in familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or printed name of registered agent at the if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CH.	3. Date incorporated or Qualifed O7/21/1995	3. Date Incorporated or Qualifed O7/21/1985 liace of Business Za. Mailing Address 4. FEI Number 65-059589 #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 a	Solution Solution	3. Date Incorporated or Qualified O7/21/1995 Appl O7/21/1995

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, er on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-\$7-ZIP

941-262-4333 Daytime Phone #

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90047 009 ***150.00