

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

APPROVED  
AND  
FILED

98 NOV -4 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 95000061063

1. Corporation Name

A. R. COOPER MANAGEMENT + RESEARCH INC.

Principal Place of Business

Mailing Address

2765 E. OAKLAND PARK BLVD  
FT LAUDERDALE, FL, 33060

2765 E. OAKLAND PARK BLVD  
FT. LAUDERDALE FL  
FLORIDA 33060

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 401 W. FLORIDA AVENUE	26 1810 SABLE DRIVE	08/08/1995	650 600 554	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 SUITE 6F	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 HAINES CITY, FLORIDA	28 DEERFIELD BEACH, FL	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24 33844	25	29 33342	30 U.S.A.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, ERNEST A  
2765 E. OAKLAND PARK BLVD  
FT. LAUDERDALE - , FL, 33342

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	1810 SABLE DRIVE		DEERFIELD BEACH.	FL 33342

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



(NOTE: Registered Agent signature required when reinstating)

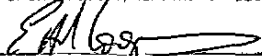
29 October 98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, ERNEST A	1.2 NAME	COOPER, ERNEST A
STREET ADDRESS	2765, E OAKLAND PARK BLVD	1.3 STREET ADDRESS	401 W. FLORIDA AVENUE SUITE 6F
CITY-ST-ZIP	FT LAUDERDALE	1.4 CITY-ST-ZIP	HAINES CITY FL, 33844
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29 October 1998

CR2E034 (10/97)

Earnest A. Cooper  
401 W. Florida Avenue  
Hines City, FL, 33844

29<sup>th</sup> October 1998

Dear Sean,

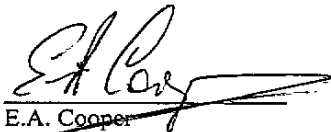
Please find enclosed completed and amended Corporation form along with Cheque to the value of \$150.00.

Unfortunately when you sent the form to me an incorrect address crept into your system (copy enclosed) and the form was not delivered to our old address until after we had moved on October 1st. This was another fault this time by the post office who are redirecting our mail and probably due to the original wrong address let it slip through their system. It finally arrived with us on Tuesday 27<sup>th</sup> October.

Our new address is at the top of this letter and is reflected on the modified form.

I hope this meets with your approval and I wish to offer my sincere thanks for your help in this matter.

Yours sincerely,

  
E.A. Cooper