

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000080547 (9)**

1. Corporation Name  
**COOPER CONSTRUCTION, INC.**



Principal Place of Business: **115 112TH AVENUE NORTH #911 ST. PETERSBURG FL 33716**  
Mailing Address: **115 112TH AVENUE NORTH #911 ST. PETERSBURG FL 33716**

21	2a	26
22	27	27
23	28	28
24	29	30

3. Date Incorporated or Qualified: **10/16/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEEL Number: **59-3345054**  
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

**COOPER, DARREN J  
115 112TH AVENUE NORTH #911  
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

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 607.1509, 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 of Corporation Officer or Director (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, LEIGH R</b>	2. NAME	
STREET ADDRESS	<b>115 112TH AVENUE NORTH #911</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	4. CITY-ST-ZIP	
TITLE	<b>D</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, DARREN J</b>	6. NAME	
STREET ADDRESS	<b>115 112TH AVENUE NORTH #911</b>	7. STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33716</b>	8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DARREN J COOPER**

213-577-3255  
Date of Filing

CR2E034 (12/95)