FILED Apr 30, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name COOPERATIVE OBJECTS ON LINE, INC.					
करिके, देशायक व्यवस्थात. इ.स.च्या १९८० च्या १९८०					
Principal Place of Business Mailing Address				•	C 18811081 HE 18110 BINT BRITT BRITT BRITT BRITT BRITT BRITT BRITT BRITT FRAN
6161 MEMORIA	L HWY		6161 MEMORIAL HWY		
SUITE 902			SUITE 902		DO NOT WRITE IN THIS SPACE
TAMPA FL 3361 US	15		TAMPA FL 33615 US		3. Date Incorporated or Qualifed
00		,			08/09/1996
	lace of Business	Road	2a. Mailing Address Coll	eu Road	4. FEI Number Applied For 59-3412479 Not Applicable
Suite, Apt.		1	Suite, Apt. #, etc.		\$8.75 Additional
22	, v		27	V	5. Certificate of Status Desired Fee Required
City & State			City & State		6. Election Campaign Financing \$5.00 May Be
23 00	dessa,	FL	28 Odessa	, PL	Trust Fund Contribution Added to Fees
Zip 33	<u>tra</u>	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	usa	29 33556 3	o USA_	Personal Property Tax. Yes No
	g. Name and	Address of Current	Registered Agent	94 1	10. Name and Address of New Registered Agent
NARAIN, RAHUL A				81 Name	NARAIN, RAHUL A
6161 MEMORIAL HIGHWAY,				82 Street	Address (P.O. Box Number is Not Acceptable)
CLITTE 002				83	30,70
CONTAMPA FLE33615 TOLKE OF THE CONTAMPA					
And the second s				84 City	Odessa FL 85 33556
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					
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with pind agreept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	(Lame	Noen (PSTD) (JA	rul Na	(aIN (PSTD) AMI 60, 1717
	Signature, typed or print	ed name of registered agent		egistered Agent signature r	The state of the s
12.	PSTD	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST D Addition
TITLE		1 H A		1.2 NAME	NAPALM, RAKUL A
NAME	NARAIN, RAH				7704 Colley Road
STREET ADDRESS	NARAIN, RAH		.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DIDI MEMUR	IAL HWY SU 3361	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Odessa , PC, 33556
TITLE			C DECELE	2.1 IIILE 2.2 NAME	
NAME				2.2 NAME 2.3 STREET ADDRESS	
STREET ADDRESS					** · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP			☐ DELETE	2. 4 City-St-ZiP 3.1 Title	☐ Change ☐ Addition
NAME				3.2 NAME	,
	•			3.3 STREET ADDRESS	
STREET ADDRESS				1	_
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
				4. 2 NAME	
NAME expect annouse				4.3 STREET ADDRESS	·
STREET ADDRESS				4.4 CITY-ST-ZIP	
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	Change Addition
NAME			<u> </u>	5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	}
CITY_ST_7IP		•		5.4 CITY-ST-ZIP	

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, with all other like empowered.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

☐ DELETE

Change

Addition