

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

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

04-30-1999 90172 045 ***150.00

DOCUMENT # P96000066519

1. Corporation Name

COOPERATIVE OBJECTS ON LINE, INC.

Principal Place of Business

6161 MEMORIAL HWY
SUITE 902
TAMPA FL 33615
US

Mailing Address

6161 MEMORIAL HWY
SUITE 902
TAMPA FL 33615
US

2. Principal Place of Business

21 7704 Colley Road

2a. Mailing Address

26 7704 Colley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Odessa, FL

City & State

28 Odessa, FL

Zip

33556

Country

USA

Zip

33556

Country

USA

9. Name and Address of Current Registered Agent

NARAIN, RAHUL A
6161 MEMORIAL HIGHWAY,
SUITE 902
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name NARAIN, RAHUL A
82 Street Address (P.O. Box Number is Not Acceptable)
7704 Colley Road
83
84 City Odessa FL 85 Zip Code 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 agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Rahul Narain (PSTD)

Rahul Narain (PSTD)

April 20th, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSTD	NARAIN, RAHUL A	NARAIN, RAHUL A.	6161 MEMORIAL HWY SU 33615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSTD	NARAIN, RAHUL A	7704 Colley Road	Odessa, FL, 33556	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

Rahul Narain (PSTD) 4/20/1999 813 926 3375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

037727