**FILED** 

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90135 020 \*\*\*150.00

## 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** 

## DOCUMENT # P97000057845

1. Corporation Name

BEN COOPER & ASSOCIATES, INC.

Principal Place of Business Mailing Address			i fantiage ire (det) iden onlit udin gare deter	Etiti 1888) iõiti minat alit inni		
3909 E BAY DRIVE STE 110 HOLMES BEACH FL 34217	P O BOX 1177 HOLMES BCH FL 34218 US			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 06/30/1997		
2. Principal Place of Business	2a. Mailing Address		-	4. FEI Number	Applied For	
21	26			58-2317183	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Co 29 30	untry		This corporation owes the current year Int Personal Property Tax.	angible □ Yes □ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
COOPER, BEN A		81	Name			
3909 E BAY DRIVE STE 11	0	82	Street Address (P.O. Box Number is Not Acceptable)			
HOLMES BEACH FL 34217		83				
		84	City	FI.	85 Zip Code	

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				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature r	equired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	P DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	BEN A COOPER	1.2 NAME		
STREET ADDRESS	11441 PERICO ISLE CIR	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209	1.4 CITY-ST-ZIP		
TITLE	S □ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	KAREN COOPER	2.2 NAME		}
STREET ADDRESS	11441 PERICO ISLE CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34209	2.4 CITY-ST-ZIP	<u> </u>	
TITLE	DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		Ì
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	•	4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	·	ļ
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP	·	
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		ł
STREET ADDRESS		6.3 STREET ADDRESS		
CfTY+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, on an attachment with an address, with all other like empowered.

SIGNATURE: