

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90178 040 ***158.75

DOCUMENT # P97000108523

1. Corporation Name
GLENN M. COOPER, INC.



Principal Place of Business
233 OLD MEADOW WAY
PALM BEACH FL 33418

Mailing Address
233 OLD MEADOW WAY
PALM BEACH FL 33418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3165 NE 184th ST

Suite, Apt. #, etc.

22 #6204

City & State

23 Aventura, FL

24 33160 25 USA

2a. Mailing Address

26 3165 NE 184th ST

Suite, Apt. #, etc.

27 #6204

City & State

28 Aventura, FL

29 33160 30 USA

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0802494

Applied For

Not Applicable

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COOPER, GLENN M
233 OLD MEADOW WAY
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

Glenn M Cooper

82 Street Address (P.O. Box Number is Not Acceptable)

3165 NE 184th ST

83 #6204

84 City Aventura

FL 85 Zip Code 33160

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 *Glenn M Cooper* Glenn M Cooper President

4/22/99

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME COOPER, GLENN M
STREET ADDRESS 233 OLD MEADOW WAY
CITY-ST-ZIP PALM BEACH FL 33418

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director ☒ Change ☐ Addition
1.2 NAME Glenn M Cooper
1.3 STREET ADDRESS 3165 NE 184th ST #6204
1.4 CITY-ST-ZIP Aventura, FL 33160

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Glenn M Cooper Glenn M Cooper, President, Director 4/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 467 3283

Daytime Phone #