FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:45

DOCUMENT # S16542 (0)

1. Corporation Name
COPE CONSULTING CORP.

Principal Place of Business	Mailing Address
9660 NW 39TH ST. COOPER CITY FL 33024 US	~~9000 STIRLING RD.~~ ~~SUITE 217~~ ~~COOPER CITY FL 33024~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5900 JOHNSON STREET
Suite, Apt. #, etc.
27
City & State
28 HOLLYWOOD FL
Zip 29 33021-5638 Country 30 BROWARD

4. FEI Number: 65-0232257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $9.75 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

~~SILVER, MICHAEL A.~~
~~5900 JOHNSON ST.~~
~~HOLLYWOOD FL 33021~~

10. Name and Address of New Registered Agent

81 Name: JOHN B. SUGG
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9660 NW 39th ST.
84 City: COOPER CITY FL 85 Zip Code: 33024

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: X John B. Sugg 3/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~SILVER, MICHAEL A.~~	1.2 NAME	
STREET ADDRESS	~~5900 JOHNSON ST.~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE P/S/D	☐ Change ☐ Addition
NAME	SUGG, JOHN B.	2.2 NAME	
STREET ADDRESS	9660 NW 39 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE T/VP/D	☐ Change ☐ Addition
NAME	SUGG, EMILY	3.2 NAME	
STREET ADDRESS	9660 NW 39TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: X John B. Sugg 3/24/95 (305) 963-7555
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0007187 CP