

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S44840** (4)
1. Corporation Name
PETER COOPERS TAILORS INC.

Principal Place of Business
**118 N.E. 1ST AVE.
HALLANDALE FL 33009**

Mailing Address
**118 N.E. 1ST AVE.
HALLANDALE FL 33009-4210**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1991		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0260907		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Country	29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		25		29		30	
9. Name and Address of Current Registered Agent COOPER, PETER 2650 N.E. 212 TERR. NORTH MIAMI BEACH FL 33180				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 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	D	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COOPER, PETER	1.2 NAME					
STREET ADDRESS	2650 N.E. 212 TERRACE	1.3 STREET ADDRESS					
CITY - ST - ZIP	NORTH MIAMI BEACH FL	1.4 CITY - ST - ZIP					
TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY - ST - ZIP		2.4 CITY - ST - ZIP					
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in a 1 attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

Daytime Phone #

0113031

CR2E034 (9/96)