


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90001 003 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S51373

1. Corporation Name

DAVID COOPER ENTERPRISES, INC.



Principal Place of Business

387 HIBISCUS AVE
STE. 2
MERRITT ISLAND FL 32953
US

Mailing Address

P.O. BOX 540536
MERRITT ISLAND FL 32954-0536
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1991

4. FEI Number

59-3069315

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. ☐ Yes ☒ No

2. Principal Place of Business

21 2600 LYNWOOD PLACE
Suite, Apt. #, etc.

2a. Mailing Address

26 2600 LYNWOOD PLACE
Suite, Apt. #, etc.

City & State

23 MERRITT ISL FL

City & State

28 MERRITT ISL, FL

Zip

24 32953

Country

25 FLORIDA

Zip

29 32953

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

TRENT, SHARON
387 HIBISCUS AVE
STE. 2
MERRITT ISLAND FL

10. Name and Address of New Registered Agent

81 Name

DAVID COOPER

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

2600 LYNWOOD PLACE

83

84 City

MERRITT IS

FL

85 Zip Code

32953

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 *David Cooper* **DAVID COOPER**

9-8-99

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DAVID F., JR.	1.2 NAME	
STREET ADDRESS	2600 LYNWOOD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JEANNE MARIE	2.2 NAME	
STREET ADDRESS	2600 LYNWOOD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VATALARO, RON	3.2 NAME	
STREET ADDRESS	11310 S ORANGE BLOSSOM TRAIL, STE 220	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *David Cooper* **DAVID COOPER**

9-8-99 407 452 0189

CR2E034 (5/99)