

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90289 048 ***158.75

DOCUMENT # S80279

1. Corporation Name

COOPER RESEARCH GROUP, INC.

Principal Place of Business

5030 CHAMPION BLVD.
STE. 6-296
BOCA RATON FL 33496

Mailing Address

5030 CHAMPION BLVD.
STE. 6-296
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

4. FEI Number

65-0282306

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

2. Principal Place of Business

2a. Mailing Address

21 5030 CHAMPION BLVD. G-6

26 5030 CHAMPION BLVD. G-6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PMB 296

27 PMB 296

City & State

City & State

23 BOCA RATON FL

28 BOCA RATON FL

Zip

Country

Zip

Country

24 33496

25

29 33496

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOPER, DONALD R
5030 CHAMPION BLVD.
STE. 6-296
BOCA RATON FL 33496

81 Name

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

5030 CHAMPION BLVD. G-6

83

PMB 296

84

BOCA RATON

FL

85 Zip Code
33496

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

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

COOPER, DONALD R.

5030 CHAMPION BLVD., STE. 6-293

BOCA RATON FL 33496

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

□ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5030 CHAMPION BLVD. G-6, PMB 296

BOCA RATON FL 33496

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

□ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

□ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

□ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

□ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

□ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

561.219.4312

CR2E034 (1/98)