

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # U00011

(0)

1. Corporation Name

COOPERATING BRANDS INC.



Principal Place of Business

Mailing Address

C/O CARUS WORLD
N HWY 27
LAKE WALES FL 33853
US

P O BOX 8486
STOCKTON CA 95210-4224
US **95208-0486**

3. Date Incorporated or Qualified
05/21/1985

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

95208-0486

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LATHAM, DAVID C
NORTH HWY 27
LAKE WALES FL 33853**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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** ☐ DELETE
NAME **LLEWELLYN, JACK**
STREET ADDRESS **1 OCEAN SPRAY DR**
CITY-ST-ZIP **LAKEVILLE-MDBORO MA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE
NAME **WITZELL, TERRY**
STREET ADDRESS **1255 BATTERY STREGT**
CITY-ST-ZIP **SAN FRANCISCO CA**

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

TITLE **EVP** ☐ DELETE
NAME **KAMINSKI, EDWARD L.**
STREET ADDRESS **P O BOX 8486**
CITY-ST-ZIP **STOCKTON CA**

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

TITLE **D** ☐ DELETE
NAME **BALDWIN, EVERETT**
STREET ADDRESS **100 MAIN ST**
CITY-ST-ZIP **CONCORD MA**

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

TITLE **D** ☐ DELETE
NAME **MARSHBURN, JOSEPH D**
STREET ADDRESS **US HWY 27 NORTH**
CITY-ST-ZIP **LAKE WALES FL**

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

TITLE **DC** ☐ DELETE
NAME **JACKSON, HAROLD**
STREET ADDRESS **901 WALTON AVE**
CITY-ST-ZIP **YUBA CITY CA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 2099312611

CR2E037 (12/95)