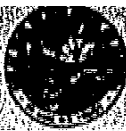


**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra S. Matheson  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # V31589 (7)**

**95 JAN 18 PH 3:57**

1. Corporation Name  
**COOPER SPECIALTY COMPANY, INC.**

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br>165 ISLE OF VENICE<br>APT. 9<br>FT LAUDERDALE FL 33301 | Mailing Address<br>165 ISLE OF VENICE<br>APT. 9<br>FT LAUDERDALE FL 33301 |
|---|---|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/27/1992 | 3a. Date of Last Report<br>04/19/1994 |
|---|---------------------------------------|

|   |   |
|---|---|
| 2. Principal Place of Business<br>21. 2000 S. Ocean Dr.<br>22. Suite, Apt. #, etc. 203<br>23. City & State FT LAUDERDALE<br>24. Zip 33316 | 2a. Mailing Address<br>26. Suite, Apt. #, etc. SAME<br>27. City & State<br>28. Zip<br>29. Country |
|---|---|

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>65-0330541  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required  |                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |                               |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |

9. Name and Address of Current Registered Agent  
 COOPER, ARNOLD R.  
 165 ISLE OF VENICE, APT. 9  
 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 2000 S. Ocean Dr.  
 83. APT. 203  
 84. City FT LAUDERDALE FL 85. Zip Code 33316

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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS               |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|-----------------------------------|---|---|
| TITLE<br>DPS                             | NAME<br>COOPER, BARBARA           | 1. TITLE  | NEW ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>165 ISLE OF VENICE, #9 | CITY, ST, ZIP<br>FT LAUDERDALE FL | 12. NAME  | 2000 SOUTH OCEAN DR. # 203  |
|  |                                   | 13. STREET ADDRESS                                    | FT. LAUDERDALE, FL 33316-3815   |
|  |                                   | 14. CITY, ST, ZIP                                     |   |
| TITLE<br>D                               | NAME<br>COOPER, ARNOLD            | 21. TITLE   | NEW ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>165 ISLE OF VENICE, #9 | CITY, ST, ZIP<br>FT LAUDERDALE FL | 22. NAME  | 2000 SOUTH OCEAN DR. # 203  |
|  |                                   | 23. STREET ADDRESS                                    | FT. LAUDERDALE, FL 33316-3815   |
|  |                                   | 24. CITY, ST, ZIP                                     |   |
| TITLE                                    | NAME                              | 31. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| STREET ADDRESS                           |                                   | 32. NAME  |   |
| CITY, ST, ZIP                            |                                   | 33. STREET ADDRESS                                    |   |
|  |                                   | 34. CITY, ST, ZIP                                     |   |
| TITLE                                    | NAME                              | 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| STREET ADDRESS                           |                                   | 42. NAME  |   |
| CITY, ST, ZIP                            |                                   | 43. STREET ADDRESS                                    |   |
|  |                                   | 44. CITY, ST, ZIP                                     |   |
| TITLE                                    | NAME                              | 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| STREET ADDRESS                           |                                   | 52. NAME  |   |
| CITY, ST, ZIP                            |                                   | 53. STREET ADDRESS                                    |   |
|  |                                   | 54. CITY, ST, ZIP                                     |   |
| TITLE                                    | NAME                              | 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| STREET ADDRESS                           |                                   | 62. NAME  |   |
| CITY, ST, ZIP                            |                                   | 63. STREET ADDRESS                                    |   |
|  |                                   | 64. 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)(b), 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 change or correction attachment with an address.

SIGNATURE: *Arnold R. Cooper* *Barbara R. Cooper* 1/13/95 728 9577  
 (Date) (Signature)