SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V39458** (7)

1. Corporation Name
COOPER-HOROWITZ OF FLORIDA, INC.

Principal Place of Business	Mailing Address
300 SOUTH PINE ISLAND ROAD SUITE 238 PLANTATION FL 33324	300 SOUTH PINE ISLAND ROAD SUITE 238 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2300 Corporate Blvd NW	26 2300 Corporate Blvd NW
Suite, Apt. #, etc. 22 236	Suite, Apt. #, etc. 27 236
City & State 23 Boca Raton, FL	City & State 28 Boca Raton FL.
Zip / County 24 33431 / 25 Palm Beach	Zip / County 29 33431 / 30 Palm Beach

4. FEI Number: 65-0341623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Trust Fund ☐ **$5.00** May Be Added to Fees

8. This corporation has taxable, for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FILINGS INC 3732 NW 16TH STREET FT LAUDERDALE FL 33311	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 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND CORRECTIONS		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, DAVID	12 NAME		
STREET ADDRESS	300 S PINE ISLAND ROAD	13 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, JEFFREY	22 NAME		
STREET ADDRESS	300 S PINE ISLAND ROAD	23 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, ROBERT	32 NAME		
STREET ADDRESS	300 S PINE ISLAND ROAD	33 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, RICHARD	42 NAME		
STREET ADDRESS	300 S PINE ISLAND ROAD	43 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: [signature] 7/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077472 CP