

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Sep 12 1997 8:00am**  
**Secretary of State**

|                                                    |                                                                                   |                                                                                                           |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # V70505 (5)**  
 1. Corporation Name  
**A. M. CUPOLO & CO., P.A.**



|                                                                                        |                                                                                       |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>421 NORTH WILD OLIVE AVENUE<br/>DAYTONA BEACH FL</b> | Mailing Address<br><b>421 NORTH WILD OLIVE AVENUE<br/>DAYTONA BEACH FL 32118-3937</b> |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

|                                                                                                                                                  |  |                                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>10/12/1992</b>                                                                                           |  | 3a. Date of Last Report<br><b>08/12/1996</b>                                                                       |  |
| 2. Principal Place of Business<br>21 <b>430 OAKRIDGE BLVD.</b>                                                                                   |  | 4. FEI Number<br><b>59-3144316</b>                                                                                 |  |
| 2a. Mailing Address<br>26 <b>430 OAKRIDGE BLVD.</b>                                                                                              |  | Applied For<br>Not Applicable                                                                                      |  |
| 22. Suite, Apt. #, etc.                                                                                                                          |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 23. City & State<br><b>DAYTONA BEACH, FL</b>                                                                                                     |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 24. Zip<br><b>32118</b>                                                                                                                          |  | 27. City & State<br><b>DAYTONA BEACH, FL</b>                                                                       |  |
| 25. Country                                                                                                                                      |  | 28. Zip<br><b>32118</b>                                                                                            |  |
| 29. Country                                                                                                                                      |  | 30. Country                                                                                                        |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                    |  |

|                                                                                                                                |  |  |  |                                                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CUPOLO, ANTHONY M.<br/>421 N. WILD OLIVE AVENUE<br/>DAYTONA BEACH FL</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| 81 Name                                                                                                                        |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| 83                                                                                                                             |  |  |  | 84 City                                               |  |  |  |
|                                                                                                                                |  |  |  | 85 Zip Code <b>FL</b>                                 |  |  |  |

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 |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D. CUPOLO, ANTHONY M.</b>    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>37 IROQUOIS TRAIL</b>        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>ORMOND BEACH FL</b>          | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 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 do 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: *A. M. Cupolo* 9/18/97 252-4214

CR2E034 (9/96)