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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 558503

(9)

KOPAS STABLES, INC.

| Principal | Place of | Business |
|-----------|----------|----------|

8115 CLARCONA OCOEE ROAD ORLANDO FL 32810

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

6115 CLARCONA OCOEE ROAD ORLANDO FL 32810-3916

FILED Apr 18 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Not Applicable

04/15/1996



3. Date Incorporated or Qualified

5. Certificate of Status Desired

01/30/1978

59-1803047

4. ELLNumber

| 22 | | [27] | | | | | | FEETN | aquireu |
|---------------------------|---|------------------------------------|--------------------------------------|-------------------------|--------------|---|--|--|-----------------------------|
| City & State | | City & 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip | Country | Zip | | Cour | itry | | 8. This corporation has liability for intang | | . 199.032, |
| 24 | 25 | 29 | | [30] | | | Florida Statutes Yes | | |
| | 9. Name and Address of Curre | nt Registered A | gent | | ıπ | | 10. Name and Address of New Registe | red Agent | |
| | RDON, STANLEY | | | - [| 81 | Name | | | |
| 400 N. MILLS AVENUE | | | Ţ | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| ORL | LANDO FL 32803 | | | | | | | | · |
| | | | | | 83 | | | | |
| | | | | - t | B4 | City | | 85 Zip | Code |
| | | | | <u>.</u> [. | | | • | | |
| 11. Pursuani office or | Lto the provisions of Sections 607,050 registered agent, or both, in the State |)2 and 607,1508 ⊧o⊆Unrida, Sucl | 3, Florida Statute h change was a | os, the ab | ove Lhv | -named corporation | oration submits this statement for the purpo- on's board of directors. I hereby accept the | se of changing it appointment as | ts registered registered |
| agent. I | am familiar with, and accept the oblig | ations of, Section | on 607.0505, Fic | orida Statu | ites. | | on a board of directors. The body treachs the | арропинен из | registeree |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered ag | | re (NOTI | | Agen | it signature require | od when reinstating) DA | | 20.11.10 |
| 12. | | D DIRECTORS | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | NODAG 140K | | LJ DERGIE | 1.1 7170 | | | | L_J Change | Addition |
| NAME | KOPAS, JACK | ın. | | 1.2 NAM | | | | | |
| STREET ADDRESS | | W | | | | ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL STD | | DELETE | 1.4 CITY | | - ZIP | | Change | Addition |
| TITLE | 1 | | L'1 priett | 2.1 1/11 | | | | Change | coilibbA 🔲 |
| NAME | KOPAS, ALICE | \n | | 2.2 NAN | | | | | |
| STREET ADDRESS | 6115 CLARCONA OCOEE ROA | W | | | | ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | DELETE | 2 4 CH | | I - ZIP | | Channe | Additon |
| TITLE | ND NO TOWN | | [] DELETE | 3.1 1l7L | | | | ☐ Change | ☐ Addition |
| NAME | KOPAS, JOHN | ın. | | 3.2 NAA | | | | | |
| STREET ADDRESS | 6115 CLARCONA OCOEE ROA | W | | | | ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | DELETE | 3.4 CIT | | 1-ZIP | N | Change | Addition |
| TITLE |] • | | ["] precit | 4.1 1171 | | | | LI Gridingo | Addribit |
| NAME | KOPAS, ROGER 6115 CLARCONA OCOEE ROA | ın. | | 4 2 NAI | | | | | |
| STREET ADDRESS | ORLANDO FL | w . | | 1 | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | UNLANDO FL | | DELETE | 4.4 0111 | | · AP | | Change | Addition |
| | ļ | | L.J DETET | 5.1 1111 | | | | Lij Glange | L ADDITION |
| NAME | | | | 5.2 NAN | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | DELETE | 5.4 City | | · ZIP | | Change | Addition |
| TITLE | | | L.J DELETE | 6.1 TITL | | | | Ti cusuda | LT WOUNDIN |
| NAME OTOSET ADDRESSO | 1 | | | 6.2 NAN | | ronsoo | | | |
| STREET ADDRESS | 1 | | | | | DDRESS | | | |
| CITY-ST-ZIP | by certify that the information supplie | d with this filing | does not ouglif | 6.4 CITY | | | in Section 119 (17(3)(i) Florida Statutos Litu | riher certify that | the |
| information I am an o | on indicated on this annual report or sofficer or director of the corporation of | supplemental an the receiver of | nnual report is fr trustee empow | ue and ac ored to ex | ogur Ogur | rate and that it ite this report | in Section 119.07(3)(i), Florida Statutes. I fu my signature shall have the same legal effec as required by Chapter 607, Florida Statute | ot as if made und is; and that my r | der oath; that name |