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

PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 635079

1. Corporation Name

COPACO, INC.

Principal Place of Business			Mailing Address				7				
COPACO. INC 380 S. FEDREAL HWY DANIA FL 33004			300 GEORGIA STREET HOLLYWOOD FL 33019-2104					DO NOT WRITE IN T	HIS SPACE	·	
US								3. Date Incorporated or Qualified			
								09/04/1979			
2. Principal P	lace of Business	2a. M	lailing Address				4.	FEI Number		Applied For	
21	·	26					<u> </u>	59-1944602		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				T.	Certifcate of Status Desired	\$8.75	Additional	
22			7					Certificate of Status Desired	Fee F	Required	
City & State			City & State				6.	Election Campaign Financing	\$5.0	O May Be	
23		28						Trust Fund Contribution	Added	d to Fees	
Zip	Country	z	ip	&	untry		8.	This corporation owes the current year	Intangible		
24	25 29 3				o]			Personal Property Tax.	Yes	□No	
Name and Address of Current Registered Agent							10,	Name and Address of New Register	ed Agent		
					81	Name					
LYND, CONSTANCE J					82	Ctroot Addre	(F	2 O. Boy Number in Not Assertable)			
380 S FEDERAL HWY					82 Street Address (P.O. Box Number is Not Acceptable)						
DANIA FL 33004					83						
					84	City		#### \$2 dd + #### # 7 day - #	85 Žir	o Code	
<u> </u>								_			
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 of 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 36. 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						r signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	Р .	3	☐ DELETE	13	TLE				Change		
NAME	LYND; CONSTANCE J.				IAME	1			139		
	300 GEORGIA ST.					4000500					
STREET ADDRESS	HOLLYWOOD FL 33019					ADDRESS		•			
CITY-ST-ZIP	S		□ DELETE		XTY-\$1	1-219			☐ Change	e ∏Addition	
l	•			. [a CJ Addidon	
NAME	EMANUELE, PATRICIA		₹•;	1	IAME	.					
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD FL 33019			_	CITY-S	T-ZIP					
TITLE	D. Eksama sekiri si		☐ DELETE	3.1 T	TTLE				Change	e 🔲 Addition	
NAME TO SELECT THE SEL				3.2 NAME							
STREET ADDRESS	ARIO			3.3 S	TREET	ADORESS			4 July 1	47.78	
CITY-ST-ZIP	ren i a partir di la companya di la			3.4.	CITY-S	T-ZIP		<u> </u>	<u> , , , , , , , , , , , , , , , , ,</u>		
TITLE			☐ DELETE	4,1 T	πE				☐ Change	→ Addition	
NAME	v .			4.21	NAME					ļ	

14. I 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 changes, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ DELETE

DELETE

☐ Change

Change

Addition

☐ Addition

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90046 010 ***150.00

CR2E034 (11/98)