FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **674782** **(8)**

1. Corporation Name

SOPO PRODUCTS, INC.

Principal Place of Business

195 E. LAKESHORE BLVD.
KISSIMMEE FL 34744

Mailing Address

195 E. LAKESHORE BLVD.
KISSIMMEE FL 34744

3. Date Incorporated or Qualified: **06/25/1980**

3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2017005** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

COLOMBO, CHRIS
195 E LAKESHORE BLVD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1501, 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	PD	11 Title	☐ Change ☐ Addition
Name	COLOMBO, JOHN	12 Name	
Street Address	7 WESTCHESTER DR.	13 Street Address	
City-St-Zip	KISSIMMEE FL	14 City-St-Zip	
Title	VD	21 Title	☐ Change ☐ Addition
Name	COLOMBO, JOHN CHRIS	22 Name	
Street Address	195 E. LK. SHRS BLVD	23 Street Address	
City-St-Zip	KISSIMMEE FL	24 City-St-Zip	
Title	STD	31 Title	☐ Change ☐ Addition
Name	COLOMBO, BILLIE K.	32 Name	
Street Address	195 E. LK. SHRS BLVD	33 Street Address	
City-St-Zip	KISSIMMEE FL	34 City-St-Zip	
Title		41 Title	☐ Change ☐ Addition
Name		42 Name	
Street Address		43 Street Address	
City-St-Zip		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	

☐ DELETE

14. I 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 added to the report with an address.

SIGNATURE: Chris Colombo — Chris Colombo — 1/14/96 — 407-348 2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)