

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 19 AM 11:57

DOCUMENT # 692336
1. Corporation Name
Copper Leaf Corporation

Principal Place of Business Mailing Address
15 West Brahms Drive
Defuniak Springs, FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/26/81

4. FEI Number
59-2103323

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 15 West Brahms DR 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Defuniak Springs 27

City & State City & State

23 FL 32433 USA 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

Michael A. ARMBRUSTER
15 West Brahms Drive
Defuniak Springs, FL 32433

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 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 *Michael A. Armbruster* Michael A. ARMBRUSTER July 19, 1999

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME Pros. Sec. TREAS. Michael A. ARMBRUSTER

STREET ADDRESS 15 West Brahms Drive

CITY-ST-ZIP Defuniak Springs, FL 32433

TITLE DELETE

NAME Director EDWARD D. ARMBRUSTER

STREET ADDRESS 1031 US 90 West Apt C

CITY-ST-ZIP Defuniak Springs, FL 32433

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 600002969826-7

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS -08/25/99-0107108-008

2.4 CITY-ST-ZIP *****70.00 *****70.00

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael A. Armbruster* Michael A. ARMBRUSTER 850-892-2940

CR2E034 (1/98)