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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:57

DOCUMENT # 851902 (7)

1. Corporation Name

SCHWAB-KOPLIN ASSOCIATES, INC.

Principal Place of Business

1768 S.E. CLEARMONT ST.
PORT ST. LUCIE FL 34983

Mailing Address

1768 S.E. CLEARMONT ST.
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1982

3a. Date of Last Report

03/17/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

64-0639401

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

SCHWAB, PIERRE
1768 S.E. CLEARMONT ST.
PORT ST. LUCIE FL 33452

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

Registered Agent (to printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when constituting

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWAB, PIERRE
STREET ADDRESS 1768 SE CLEARMONT STREET
CITY ST ZIP PORT ST. LUCIE FL

TITLE STD
NAME SCHWAB, JACQUELINE
STREET ADDRESS 1768 SE CLEARMONT STREET
CITY ST ZIP PORT ST. LUCIE FL

TITLE D
NAME KOPLIN, MARTA
STREET ADDRESS 1100 N. ALTA LOMA, #1401
CITY ST ZIP LOS ANGELES CA

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS WILLIAM P. MEADE
3.4 CITY ST ZIP 214 PITTSBORO STREET, SUITE 205
CHAREL HILL, NC. 27516

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an addition.

SIGNATURE:

Pierre P. Schwab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 22, 1995 4078787014
Date Day/Date Printed #