



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

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Mar 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 851902 (7)</b>			
1. Corporation Name <b>SCHWAB-KOPLIN ASSOCIATES, INC.</b>			
Principal Place of Business <b>1768 S.E. CLEARMONT ST. PORT ST. LUCIE FL 34983</b>		Mailing Address <b>1768 S.E. CLEARMONT ST. PORT ST. LUCIE FL 34983-4806</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24		29	
25		30	
9. Name and Address of Current Registered Agent <b>SCHWAB, PIERRE 1768 S.E. CLEARMONT ST. PORT ST. LUCIE FL 33452</b>		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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SCHWAB, PIERRE	1.2 NAME	
STREET ADDRESS	1768 SE CLEARMONT STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	SCHWAB, JACQUELINE	2.2 NAME	
STREET ADDRESS	1768 SE CLEARMONT STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	MEADE, WILLIAM P	3.2 NAME	
STREET ADDRESS	214 PITTSBORO STREET, STE. 205	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHAPEL HILL NC	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	
14. I do 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.			
SIGNATURE: 		3/13/97 561 878 7014	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)