

**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 # F15416 (3)**  
1. Corporation Name  
**CHARLES POPPE, INC.**



Principal Place of Business: **% CHARLES POPPE, 8910 SW 182ND TERRACE, MIAMI FL 33157**  
Mailing Address: **% CHARLES POPPE, 8910 SW 182ND TERRACE, MIAMI FL 33157**

3. Date Incorporated or Qualified: **01/20/1981**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2050757**  
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

2. Principal Place of Business: **21 18520 SW CARRIBEAN BLVD**  
2a. Mailing Address: **18520 SW CARRIBEAN BLVD**  
22. City & State: **MIAMI FL**  
23. Zip: **33157**  
24. Country: **USA**  
25. City & State: **MIAMI FL**  
26. Zip: **33157**  
27. Country: **USA**  
28. City & State: **MIAMI FL**  
29. Zip: **33157**  
30. Country: **USA**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**POPPE, CHARLES**  
~~8910 SW 182ND TERRACE~~ **18520 SW CARRIBEAN BLVD**  
**MIAMI FL 33157**

81. Name: **POPPE, CHARLES**  
82. Street Address (P.O. Box Number is Not Acceptable): **18520 SW CARRIBEAN BLVD**  
83. City: **MIAMI**  
84. State: **FL**  
85. Zip Code: **33157**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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**

Signature typed or printed name of registered agent and the filing date. (NOTE: Registered Agent signature required when re-registering.) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>POPPE, CHARLES</b>	
STREET ADDRESS	<b>8910 SW 182ND TERRACE</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>POPPE, DOLORES</b>	
STREET ADDRESS	<b>5608 SW 98 WAY</b>	
CITY- ST- ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>POPPE, SOPHIE</b>	
STREET ADDRESS	<b>2400 N.W. 24TH CT.</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>18520 SW CARRIBEAN BLVD</b>
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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)(k), 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:** *Charles Poppe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/96** **(305) 233-6649**  
DATE DAYTIME PHONE #

CR2E034 (12/95)