

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 23 11:18

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **F15416** (3)

1. Corporation Name
CHARLES POPPE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18520 SW CARRIBEAN BLVD
8910 SW 182ND TERRACE
MIAMI FL 33157
US

Mailing Address
18520 SW CARRIBEAN BLVD
8910 SW 182ND TERRACE
MIAMI FL 33157
US

3. Date Incorporated or Qualified 01/20/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2050757	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 18520 Caribbean Blvd.	26. Mailing Address 18520 Caribbean Blvd.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Mia. FL.	28. City & State Mia. FL.
24. Zip 33157	25. Country US
29. Zip 33157	30. Country US

9. Name and Address of Current Registered Agent
POPPE, CHARLES
8910 SW 182ND TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent
 81 Name **Charles Poppe**
 82 Street Address (P.O. Box Number is Not Acceptable)
18520 Caribbean Blvd.
 83
 84 City **Miami** FL 85 Zip Code **33157**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	POPPE, CHARLES 18520 SW CARRIBEAN BLVD MIAMI FL	<input type="checkbox"/> DELETE	
TITLE V	POPPE, DOLORES 5608 SW 98 WAY COOPER CITY FL	<input type="checkbox"/> DELETE	
TITLE S	POPPE, SOPHIE 2400 N.W. 24TH CT. MIAMI FL	<input checked="" type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	500002251205--2
1.4 CITY- ST- ZIP	-07/29/97--01099--023
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	****173.75 ****173.75
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Poppe Sophie
3.3 STREET ADDRESS	5608 SW 98 way
3.4 CITY- ST- ZIP	Cooper City, FL.
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 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 on an attachment with an address.

SIGNATURE: _____ DATE: _____

CR2E034 (4/97)

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CHARLES POPPE, INC.

Since 1981

CC#13549

'EXPERT' ELECTRICAL SERVICE AND REPAIRS • ELECTRICAL CONSTRUCTION
25 Years Experience

To whom this may concern,

I have finally received your late penalty for filing fees.

I have not received your first notice because you have mailed it to the wrong address listed second.

Please be advised that I am not paying for late filing fees if you can not contact me, the phone # has been the same for 20 years.

Enclosed is the normal filing fee for the corp. Please waive the late fees.

Thank you
Charles Poppe pres

\$165
8.75

\$ 173.75