

FILE NOW: FILING FEE AFTER MAY 1 IS \$15.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G61959**

(4)

1. Corporation Name

POPPER & ASSOCIATES, INC.



Principal Place of Business

**2290 10TH AVE N
STE 304
LAKE WORTH FL 33461**

Mailing Address

**2290 10TH AVE N
STE 304
LAKE WORTH FL 33461**

3. Date Incorporated or Qualified
09/30/1983

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **1441 FOREST HILL BLVD**

26 **1441 FOREST HILL BLVD**

4. FEI Number

59-2434207

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 100**

27 **SUITE 100**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **WEST PALM BEACH, FL.**

28 **WEST PALM BEACH, FL.**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33406**

25 **USA**

29 **33406**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POPPER, FRED J.
2290 10TH AVE N
STE 304
LAKE WORTH 33461**

81 Name

FRED J. POPPER

82 Street Address (P.O. Box Number is Not Acceptable)

1441 FOREST HILL BLVD.

83

SUITE 100

84

WEST PALM BEACH

FL

85 Zip Code
33406

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

[Signature]
Signature typed or printed name of registered agent and title if applicable

FRED J. POPPER

4-17-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **POPPER, FRED J**
STREET ADDRESS **273 MARBLE CANYON DR.**
CITY - ST - ZIP **W. PALM BEACH FL**

TITLE **STD** ☐ DELETE
NAME **POPPER, MICHELLE**
STREET ADDRESS **273 MARBLE CANYON DR.**
CITY - ST - ZIP **W. PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96
Date

407-582-8200
Daytime Phone #

CR2E034 (12/95)