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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 21, 1999 8:00am **Secretary of State**

DOCUMENT # H86288 1. COPRODUCERS CORPORATION				01-21-1999 90062 (034 ***150.00
Principal Plac	ce of Business	Mailing Address			II OLOU DIBII OLOU BIDII BIDII CODI
2670 N.E. 24TH STREET 2670 N.E. 24TH STREET					
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064			4	DO NOT WRITE IN TH	IIS SDACE
				3. Date Incorporated or Qualifed	IIS SPACE
		•		11/20/1985	
—	Place of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21 2 2 Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0036179	Not Applicable \$8.75 Additional
22 27		\vdash	•	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Registere	·
			81 Name	10.	
	KERT, JOHN F.	ess (P.O. Box Number is Not Acceptable)	, · ·		
DONDANO PRACH EL 20004			Fred to Fred 2	5 - 5 - 4 - 5 - 2 - 2 - 3 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	
FOMPAINO DEACH PL 33004			83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	es, the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or a	registered agent, or both, in the State of	of Florida. Such change was autions of, Section 607,0505, Flor	athorized by the corporation ida Statutes.	oration submits this statement for the purpose in a board of directors. I hereby accept the app	pointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent		Registered Agent signature required		NIS SUB-07000 III 40
12. ΤΠΙΕ	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	RICKERT, JOHN F.		1.2 NAME		
STREET ADDRESS	2670 N.E. 24TH STREET		1.3 STREET ADDRESS		
CITY+ST-ZIP	POMPANO BEACH FL 33064		1.4 CfTY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICKERT, ILDIKO M.		2.2 NAME		,
STREET ADDRESS	2670 N.E. 24TH STREET POMPANO BEACH FL 33064		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TOMINANO DENOTTE GOODT	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	A STATE OF THE STA		3.2 NAME		- —
STREET ADDRESS	1986年 1995年 1997年 19		3.3 STREET ADDRESS		,
CITY-ST-ZIP			3.4. CITY-ST-ZIP		3.5
TITLE					
NAME CENTER ADDRESS		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
		☐ DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
STREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		_ Change Addition
CITY-ST-ZIP		DELETE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP		: : <u>-</u>	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	••	
CITY-ST-ZIP		: : <u>-</u>	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		. DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PROJECT AND A	: : <u>-</u>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP		. DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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 with all other like empowered.

SIGNATURE:

CR2E034 (11/98)