SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:05

DOCUMENT # **H94828** **(1)**

1. Corporation Name
KOPPEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% DONNA L. KOPPEL 2509 N. OCEAN BLVD. POMPANO BEACH FL 33062	% DONNA L. KOPPEL 2509 N. OCEAN BLVD. POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/20/1986
3a. Date of Last Report: 09/26/1994

2. Principal Place of Business	2a. Mailing Address
21 Greta M. Koppel	26 Greta M. Koppel
22 % Edward P. Phillips, Esq. 1881 University Dr., #206	27 % Edward P. Phillips, Esq. 1881 University Dr., #206
23 City & State: Coral Springs, FL	28 City & State: Coral Springs, FL
24 Zip: 33071 25 Country: Broward	29 Zip: 33071 30 Country: Broward

4. FEI Number: 59-2649260 ☐ 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

7. 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
KOPPEL, DONNA L 2509 N. OCEAN BLVD POMPANO BEACH FL 33062	81 Name: KOPPEL, GRETA M. 82 Street Address (P.O. Box Number is Not Acceptable): C/O EDWARD P. PHILLIPS, ESQ. 83: 1881 University Dr., Suite 206 84 City: Coral Springs FL 85 Zip Code: 33071

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: Greta M. Koppel GRETA M. KOPPEL 7/31/95
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	KOPPEL, HARRY A.	12 NAME	KOPPEL, GRETA M.	
STREET ADDRESS	1933 COLONIAL DRIVE	13 STREET ADDRESS	C/O EDWARD P. PHILLIPS, ESQ.	
CITY ST ZIP	CORAL SPRINGS FL 33071	14 CITY ST ZIP	1881 UNIVERSITY DRIVE, SUITE 206 CORAL SPRINGS, FL 33071	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: Greta M. Koppel GRETA M. KOPPEL PRESIDENT 7/31/95 305-346-0007
SIGNATURE AND TYPED OR PRINTED NAME OF ORDINARY OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0020550 CP