## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(4)

N. RICHARD SCHOPP, P.A.

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Mailing Address

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

PORT ST. LUCIE FL 34952

2. Principal Place of Business

SCHOPP, N. RICHARD

1205 KINGSWOOD LANE FT. PIERCE FL 34982

Suite, Apt. #, etc.

City & State

21

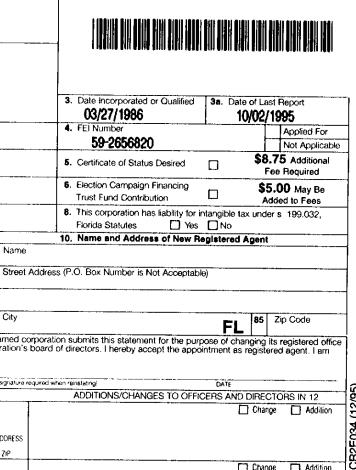
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881 N.E. PRIMA VISTA BLVD. PORT ST. LUCIE FL 34952



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. (NOTE: Registered Agent signature required when reinstating) Signature, typical or princed name of registered agent and title if applicable 12 OFFICERS AND DIRECTORS 13. THIE DELETE 1.11006 SCHOPP, N. RICHARD NAME 1.2 NAME STREET ADDRESS 1205 KINGSWOOD LANE 1.3 STREET ADDRESS FT. PIERCE FL C-TY-ST-ZiP 14 CITY-ST-ZIP THEF ☐ DELETE 2 1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST ZIP 2 4 CITY-ST-ZIP THE DELFTE 3. 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CI1Y - \$1 - ZIF 3 4 CITY - ST - ZIP TITLE DELETE 4 1 THE Change ☐ Addition 4.2 NAME STHEET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP THEF DELETE 5. 1 TITLE ☐ Change ■ Addition NAM: 5 2 NAME STREET ADDRESS. 5.3 STREET ADDRESS CHY-SI-ZIP 54 CITY-ST-ZIP TITLE ■ DELETE 6 1 TITLE Change Addition NAMÉ 6.2 NAME STHEET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6 4 CITY - ST - ZIP

Country

81 Name

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83 84 City

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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 cath; 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 13 if chapter 607 attachment with an address.

N. BILLHARD SCHWAP FEB

CR2E034 (12/95)