

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **J64568**
1. Corporation Name
COPPOLA IV, INC.

(5)

95 MAY 11 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **5250 TOWN CENTER CIRCLE SUITE 123 BOCA RATON FL 33460**
Mailing Address: **5250 TOWN CENTER CIRCLE SUITE 123 BOCA RATON FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1987**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2799741**
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**

6. This corporation has liability for intangible tax under s. 199.04, Florida Statutes: Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. City	25. County
29. City	30. County

9. Name and Address of Current Registered Agent

**BALSAMO, VINCENT M
2465 N.E. 20TH TERRACE
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0902, Florida Statutes.

SIGNATURE

(Print Name of Agent and Firm, if Applicable)

(Print Name of Registered Agent and Firm, if Applicable)

Date

12. OFFICERS AND DIRECTORS	
12.1. NAME	PTS BALSAMO, VINCENT M
12.2. STREET ADDRESS	2465 N.E. 20TH TERRACE
12.3. CITY, ST., ZIP	LIGHTHOUSE POINT FL 33064
12.4. NAME	
12.5. STREET ADDRESS	
12.6. CITY, ST., ZIP	
12.7. NAME	
12.8. STREET ADDRESS	
12.9. CITY, ST., ZIP	
12.10. NAME	
12.11. STREET ADDRESS	
12.12. CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2. STREET ADDRESS	
13.3. CITY, ST., ZIP	
13.4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5. STREET ADDRESS	
13.6. CITY, ST., ZIP	
13.7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8. STREET ADDRESS	
13.9. CITY, ST., ZIP	
13.10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11. STREET ADDRESS	
13.12. CITY, ST., ZIP	
13.13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14. STREET ADDRESS	
13.15. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that this information is believed to be true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, 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 of this report. I am authorized to sign and file this report with an address:

SIGNATURE:

Vincent M Balsamo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-95

41-392-1171

Date

(Print Name)