
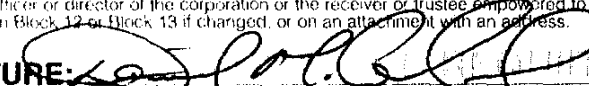


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01011 (0)					
1. Corporation Name COPELAND PROPERTIES, INC.					
Principal Place of Business 1414 LINDROSE ST. JACKSONVILLE FL 32206			Mailing Address 1414 LINDROSE ST. JACKSONVILLE FL 32206-1650		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1989
21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip		28	Zip	
24	Country		29	Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
COPELAND, DANIEL M 1414 LINDROSE ST. JACKSONVILLE FL 32206			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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	COPELAND, D M		1.1 TITLE		
STREET ADDRESS	1244 MANDARIN RD.		1.2 NAME		
CITY- ST- ZIP	JACKSONVILLE FL 32223		1.3 STREET ADDRESS		
TITLE	SD		1.4 CITY- ST- ZIP		
NAME	COPELAND, SHARON L		2.1 TITLE		
STREET ADDRESS	1244 MANDARIN RD.		2.2 NAME		
CITY- ST- ZIP	JACKSONVILLE FL 32223		2.3 STREET ADDRESS		
TITLE			2.4 CITY- ST- ZIP		
NAME			3.1 TITLE		
STREET ADDRESS			3.2 NAME		
CITY- ST- ZIP			3.3 STREET ADDRESS		
TITLE			3.4 CITY- ST- ZIP		
NAME			4.1 TITLE		
STREET ADDRESS			4.2 NAME		
CITY- ST- ZIP			4.3 STREET ADDRESS		
TITLE			4.4 CITY- ST- ZIP		
NAME			5.1 TITLE		
STREET ADDRESS			5.2 NAME		
CITY- ST- ZIP			5.3 STREET ADDRESS		
TITLE			5.4 CITY- ST- ZIP		
NAME			6.1 TITLE		
STREET ADDRESS			6.2 NAME		
CITY- ST- ZIP			6.3 STREET ADDRESS		
			6.4 CITY- ST- ZIP		
14. I do 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)