

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

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L16702 (7)

1. Corporation Name  
COPANS A, INC.

Principal Place of Business  
C/O SIDNEY D. ABELSON  
5298 W. COPANS ROAD  
MARGATE FL 33063

Mailing Address  
C/O SIDNEY D. ABELSON  
5298 W. COPANS ROAD  
MARGATE FL 33063-7705



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified  
09/14/1989

3a. Date of Last Report  
03/29/1996

4. FEI Number

65-0152790

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ABELSON, SIDNEY D.  
5298 W. COPANS ROAD  
MARGATE FL

10. Name and Address of New Registered Agent

81 Name

Randee Gicca

82 Street Address (P.O. Box Number is Not Acceptable)

5298 W. COPANS Rd.

83

84 City

MARGATE

FL

85 Zip Code

33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1569, 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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ABELSON, SIDNEY D.	
STREET ADDRESS	5298 W. COPANS RD.	
CITY - ST - ZIP	MARGATE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GICCA, RANDEE	
STREET ADDRESS	5298 W. COPANS RD.	
CITY - ST - ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABELSON, MILLICENT	
STREET ADDRESS	5298 W. COPANS RD.	
CITY - ST - ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PSD Millicent Abelson
2.3 STREET ADDRESS	5298 W. COPANS Rd.
2.4 CITY - ST - ZIP	MARGATE, FL 33063
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Randee Gicca
3.3 STREET ADDRESS	5298 W. COPANS Rd.
3.4 CITY - ST - ZIP	MARGATE, FL 33063
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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, changed, or on an attachment with an address.

SIGNATURE:

Randee Gicca  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97  
Date Daytime Phone #

CR2E034 (9/96)