

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

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Jan 28 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 # L64077 (5)

1. Corporation Name
COPELAND, KRAMER, SEWELL & SOPKO, P.A.



Principal Place of Business
2307 SE MONTEREY RD
P.O. BOX 2421
STUART FL 34996
US

Mailing Address
2307 SE MONTEREY RD
P.O. BOX 2421
STUART FL 34996-3331
US

3. Date Incorporated or Qualified
04/06/1990

3a. Date of Last Report
01/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0188475		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COPELAND, JOHN K 2307 SE MONTEREY RD SUITE 203 STUART FL 34996				81 Name Robert S. Kramer			
				82 Street Address (P.O. Box Number is Not Acceptable) 2307 S.E. Monterey Road			
				83			
				84 City Stuart FL 85 Zip Code 34996			

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 for 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 *Robert S. Kramer* Robert S. Kramer 1/20/97
Signature required for limited liability of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COPELAND, JOHN K			1.2 NAME			
STREET ADDRESS	2307 SE MONTEREY RD			1.3 STREET ADDRESS			
CITY - ST - ZIP	STUART FL			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRAMER, ROBERT, S			2.2 NAME			
STREET ADDRESS	2307 SE MONTEREY RD			2.3 STREET ADDRESS			
CITY - ST - ZIP	STUART FL			2.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEWELL, LAURIE, RUSK			3.2 NAME			
STREET ADDRESS	2307 SE MONTEREY RD			3.3 STREET ADDRESS			
CITY - ST - ZIP	STUART FL			3.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOPKO, JAMES			4.2 NAME			
STREET ADDRESS	2307 SE MONTEREY RD			4.3 STREET ADDRESS			
CITY - ST - ZIP	STUART FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *Robert S. Kramer* Robert S. Kramer 1/20/97 (561) 288-0048
Signature and typed or printed name of signing officer or director Date Daytime Phone #
0472110

CR2E034 (9/96)