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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L

1998

L82138

(3)

COPACHO ENTERPRISES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place					7 (1071) 100 (1071) 1071		3 8 18 11 8 18 67	
r miopari ido	e of Business	Mailing Address			1 (MOLISO) WAT SOLIO (IMOL FIRSO (LEO	, (812 818 4) 6 181		91911 BIGIT 1881
1605 NW 91 AVE., #218 P.O. BOX 771116								
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33077-1116			DO NOT WRITE IN THIS SPACE			
				<u> -</u>	3. Date Incorporated or Qualified			
					06/20/1990			
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number		1	Applied For
21 155 <i>5</i>	NU91 ME.	26	***		65-0206783		1	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
	322	27	·		b. Certificate of Status Desired		Fee f	Required
City & State	n	City & State			6. Election Campaign Financing	-		May Be
	AL SPRINGS, FL	28			Trust Fund Contribution	<u> </u>	Adde	d to Fees
Tip	25 USA-	Zφ	Country	1:	8. This corporation owes or has p			
24 330	9. Name and Address of Currer	29	30		Personal Property Tax due Jun			∐ No
		it negistered Agent	81 N	ame	0. Name and Address of New R	edistered w	- Getit	
	URAN, FRANK X			COLUE				
	80 5 NW 91 AVE.		82 St	treet Address	(P.O. Box Number is Not Accepta	ble)		
	218		83					
Ç	ORAL SPRINGS FL 33071		83					
			84 C	ity		<u> </u>	85 Zip	Code
44.6		0				<u>FL</u>	<u>ĻĻ.</u>	A 1
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was	authorized by the	e corporation's	s board of directors. I hereby acce	purpose or ept the appo	onanging ointment a	is registered is registered
ag ent. I ar	m fa miliar with, and accept the oblig	ations of, Section 607. <mark>0505</mark> , F	lorida Statutes.	•	•			-
SIGNATURE .								
			7.5		1	DATE		
	Signature, typed or printed name of registered age OF LICE OC. ANI		OTE Registered Agent sig	gnature required wh	· · · · · · · · · · · · · · · · · · ·	DATE CEDS AND	DIRECTO	DE IN 12
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4. I 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 received tryistop 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 attackness.

CIGNATURE.

4/24/95

954-752-092