**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # M15470**

1. Corporation Name

STEPAUCH INVESTMENTS, LTD., INC.

**FILED** Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90009 041 \*\*\*150.00



						-			######################################	
Principal Place of Business Mailing Address										
2871 TIMBERCI		2871 TIMBERCREEK CIRCLE								
BOCA RATON	FL 33431	BOCA RATON FL 33431	RATON FL 33431			DO NOT WRITE IN THIS SPACE				
			1		2 Data	Incorporated or Qualifed		.0 0, AOE	<u>.                                    </u>	
						15/1985				
9 Principal D	lace of Business	2a. Mailing Address				Number -			Applied For	
	lace of Busiless	— ĭ				2716877		$\vdash$	Not Applicable	
Suite, Apt.	# ata	Suite, Apt. #, etc.	<del></del>		79	21 10011		<b>€8</b> .	75 Additional	
22	#, BIC.	<del> </del>			5. Cert	fcate of Status Desired			e Fequired	
City 8 Stat		City & State			e Flor	tion Campaign Financing		<b>¢</b> 5	.0() May Be	
23		28				t Fund Contribution		•	dec to Fees	
Zip	Country	Zip	Country			corporation owes the curr	ent vear l	ntangible		
24	[25]		30			onal Property Tax.	on your	Yes	. <b>™</b> No	
	9. Name and Address of Current		<u> </u>			ne and Address of New I	Registere	d Agent		
	3. Halle alla A seress of valle.		81	Name		-				
COP	PPERTHWAITE, DAVID J.									
	1 TIMBERCREEK CIRCLE		82	Street Add	dress (P.O. E	ox Number is Not Accept	able)			
	A RATON FL 33431		83	<del>                                     </del>		·				
			00			_				
			84	City			F	85	Zip Code	
	to the provisions of Sections 607.0502			L					- it - registered	
ager t. I a SIGNATURE	registered agent, or soft, in the Status or soft in familiar with, and accept the obligate signature, typed or printed name of registered ag in	tions of, Section 607.0505, Florid	da Statutes	<b>.</b>	ired when reinstali		DATE			
12.	OFFICERS AN		13.			TIONS/CHANGES TO OF	FICERS	AND DIRE	CT ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Cha		
NAME	COPPERTHWAITE, DAVID J.		1.2 NAME							
STREET ADDRESS	ANTA THANKSONEEN OIG		1	TADDRESS						
	BOCA RATON FL		1.4 CITY-S							
CITY-ST-ZIF TIFLE	SD	☐ OELETE	2.1 TITLE	1-21		· · · · · · · · · · · · · · · · · · ·		☐ Cha	ange Addition	
NAME	COPPERTHWAITE, PATRICIA S	_	2.2 NAME					_	•	
	2871 TIMBERCREEK CIR			T ADDRESS						
STREET ADDRESS	BOCA RATON FL									
CITY-ST-ZIF	<u> </u>	□ DELETE	2.4 CITY-S 3.1 TITLE	SI-ZIP		· <del></del>		☐ Cha	inge Addition	
TITLE	VD		3.1 TITLE					بa	J	
NAME	COPPERTHWAITE, STEPHEN J			T ADDOCCO						
STREET ADDRESS	1			TADORESS						
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	34 CITY-5	SI-ZIP				Cha	ange Addition	
TITLE			4.1 TITLE						inge	
NAME			4. 2 NAME							
STREET ADDRESS			1	T ADDRESS						
CITY- \$T-ZiP			4.4 CITY-S	T-ZIP	<del></del>				nna Additi	
TITLE		☐ DELETE	5.1 TITLE					☐ Cha	inge	
NAME			5.2 NAME							
STREET ADD RESS				TADORESS						
CITY-ST-ZIP			54 CRY-S	T-ZIP						
TITLE		☐ DELETE	61 TITLE					☐ Cha	ange	
NAME			6.2 NAME							
STREET ADD RESS			6.3 STREE	TADDRESS						
CITY-ST-7ID			6.4 CITY-S	T-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119. )7(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, with all other like empowered.

SIGNATURE: