

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



PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P93000049765 (9)**
1. Corporation Name
CANOPY CONCEPTS, INC.

Principal Place of Business
3291 W. SUNRISE BLVD
FT LAUDERDALE FL 33311
US

Mailing Address
1923 MEARS PKWY
MARGATE FL 33063
US

2. Principal Place of Business
21 **1923 MEADS PARKWAY**
Suite, Apt. #, etc.

2a. Mailing Address
26
Suite, Apt. #, etc.

22
City & State
23 **MARGATE, FL**

27
City & State
28

24 Zip **33063** Country **USA**
25 26 27 28 29 30

9. Name and Address of Current Registered Agent

**FELEPPA, RICHARD
1923 MEARS PKWY
MARGATE FL 33063**

81 Name

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

83

84 City **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FELEPPA, RICHARD 12633 LADY FERN CIRCLE BOCA RATON FL	<input type="checkbox"/> DELETE 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELEPPA, RICHARD 12633 LADY FERN CIRCLE BOCA RATON FL	<input type="checkbox"/> DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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:

4/11/98 (95) 970-4660

CR2E034 (10/97)