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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000049765 1. Corporation Name

CANOPY CONCEPTS, INC.

Principal Place of Business	Mailing Address	
1923 MEARS PARKWAY MARGATE FL 33063 US	1923 MEARS PKWY MARGATE FL 33063 US	
D. Duning Diagram	, Aniling Address	

FILED Mar 09, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address		1 10011991 (10 16100 1111) 08111 08111 96111 90	iii Binin inii) idkin utini Aili isai
1923 MEARS PA		1923 MEARS PKWY			
MARGATE FL 3		MARGATE FL 33063			i_
US		US		DO NOT WRITE IN TH	HIS SPACE
		,		3. Date incorporated or Qualifed 07/12/1993	· _
2. Principal Pl	lace of Business	2a. Mailing Address	1.0	4. FEI Number	Applied For
21		26 12633 (AB4	FERD CIRC	65-0439143	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	Gity & State	61	6. Election Campaign Financing	\$5.00 May Be
23		28 BOCA LAGON.	PL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 33428 30	USA	Personal Property Tax.	☑Yes □No
	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent
			81 Name		
FELE	eppa, richard		00 01 11 0	L (D.O. Barrish and Accordable)	
1923	MEARS PKWY		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	J
MAR	GATE FL 33063		83		
			84 City	-	85 Zip Code
		2 and 607 4500. Florido Statutos th	a about named co	rporation submits this statement for the purpose	
office or re	egistered agent, or both, in the State :	of Florida, Such change was author	ized by the corpora	tion's board of directors. I hereby accept the ap	pointment as registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florida S	Statutes.		
SIGNATURE					
	Signature, typed or printed name of registered agen		itered Agent signature requi		AND DIDECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
12. TITLE	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE	3,	AND DIRECTORS IN 12 Change Addition
	OFFICERS AN PVST FELEPPA, RICHARD	D DIRECTORS	13.	3,	
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14. 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 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 a stagment with an address, with all other like empowered.

SIGNATURE NING OFFICER OR DIRECTOR