## SECONU NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Mailing Address

2a. Mailing Address

City & State

Ζıρ

Suite, Apt. #, etc.

STE D302

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or on an attachn

8895 N MILITARY TRAIL

PALM BEACH GARDENS FL 33462

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

8895 N MILITARY TRAIL

**STE D302** 

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013510 (0)

Country

9. Name and Address of Current Registered Agent

25

PALM BEACH GARDENS FL 33410

COPELAND, JAMES E 8895 NORTH MILITARY TRAIL

SUITE D302

appears in Block 12 or Block 13

JAMES E. COPELAND, P.A.

## Secretary of State DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Roport 02/17/1994 03/06/1996 Applied For 65-0468535 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intengible ☐ No Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 85 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97 Change Addition

FILED

Sep 17 1997 8:00am

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 (NO18 : Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE COPELAND, JAMES E NAME 1.2 NAME 8895 N MILITARY TRAIL STE D-302 STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - \$1 - 2IP DELETE 3.1 TITLE ☐ Change Acdition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP ☐ DELETÉ Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not que information indicated on this annual report or supplemental annual reports I am an officer or director of the differential on the receiver or trusts on the y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the of accurate and that my signature shall have the same legal effect as if made under oath; that be execute this report as required by Chapter 607, Florida Statules; and that my name

JAMES E. COPELAND, PRES.

Country

81

**84** .City

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