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PROFIT CORPORATION **ANNUAL REPORT**

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LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000053692

(7)

David H. Popper & Associates, P.A.

Principal Place of Business Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



931 Versailles Circle 931 Versailles Circle Maitland, FL 32751 Maitland, FL 32751 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 7/20/94 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 221 NE Ivanhoe Blyd Not Applicable P.O. Box 540119 59-3261004 \$8.75 Additional 5. Certificate of Status Desired Suite 200 City & State Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Orlando, FL Orlando, FL 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. 32804 32854-0119 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent POPPER, DAVID H. Street Address (P.O. Box Number is Not Acceptable) 931 Versailles Circle Maitland, FL 32751 83 64 City Zip Code 85 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 diapolicable PIOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.3 TITLE POPPER, DAVID H. NAME 1.2 NAME 931 VERSAILLES CIRCLE 1.3 STREET ADDRESS STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELËTE ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP DELETE TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST-ZIP Change TITLE DELETE 6.1 TITLE -04/23/98--01036--017 NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not qualify for the explicit phone 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR