

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000057318 (5)**

1. Corporation Name
THEOPLIS, INC.



Principal Place of Business: **1512 NW 17TH ST FT LAUDERDALE FL 33311**
Mailing Address: **1512 NW 17TH ST FT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified: **08/01/1994**
3a. Date of Last Report: **07/26/1995**

2. Principal Place of Business: **1600 W 9th Street**
2a. Mailing Address: **P.O. Box 16**
21-24: **Riviera Beach, FL 33404**
25-27: **Port Lauderdale, FL 33302**

4. FEI Number: **65-0509413**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WILSON, THEOPLIS
1512 NW 17TH ST
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1600 W 9th St.**
83
84 City: **Riviera Beach** FL 85 Zip Code: **33404**

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: _____ (NOTE: Registered Agent Signature required when re-appointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, THEOPLIS L	
STREET ADDRESS	1512 NW 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Theoplis L. Wilson	
1.3 STREET ADDRESS	1600 W 9th Street	
1.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
2.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Audie Bernard Wilson	
2.3 STREET ADDRESS	1600 W. 9th Street	
2.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Edward Wilson	
3.3 STREET ADDRESS	1600 W 9th St	
3.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800001834308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-05/22/96--01037--038	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **04/22/96** DAYTIME PHONE #: **954 4635142**

CR2E034 (12/95)