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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996

P94000057318 (5)

DOCUMENT #
1. Corporation Name

THEOPLIS, INC.



Principal Place	of Business	Mailing Address				
1512 NW 17TH ST FT LAUDERDALE FL 33311		1512 NW 17TH ST				
FI DAUDEA	TUALE PL 33311	FT LAUDERDALE FL	. 33311			
					3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report 07/26/1995
2. Principa! Pla		2a. Mailing Address		+	4. FEI Number	Applied For
21 /600	W gth street	26 P.O. BOX	4 16		65-0509413	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required	
23 Rivie	Ra Beach FL	28 PORT Laudendale FL.			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 324	OK 25	Zip Country 29 3 33 0 2 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
24 00.	9. Name and Address of Current		1301		10. Name and Address of New R	
*			8	1 Name		
WILSO	n, Theoplis					
1512 NW 17TH ST					ddress (P.O. Box Number is Not Acceptable)	e)
FT LAUDERDALE FL 33311				3		
1			<u> </u>			
			8	City P	Viena Beuch	FL 85 Zip Code 4
11. Pursuant to	o the provisions of Sections 607.0502 a	ind 607.1508, Florida Statut	tes, the above	-named corr	poration submits this statement for the burn	pose of changing its registered office
or registere familiar with	ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	i. Such change was authoriz n 607.0505. Florida Statutes	ted by the cor s.	poration's b	oard of directors. I hereby accept the appo	ointment as registered agent. I am
SIGNATURE:	, , , , , , , , , , , , , , , , , , , ,		•			·
SIGNATURE:	Signature, Typed or printed name of registered agent ar	id title If applicable (NC	STE: Flagistered Ag	ort signature requ	sired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PSTD	<b>■</b> DELETE	1. 1 TITLI		CP ,	Change Addition
NAME :	WILSON, THEOPLIS L 1512 NW 17TH ST		1.2 NAME		Theoplis L. Wilso	~
STREET ADDRESS	FT LAUDERDALE FL 33311		1.3 STRE	T ADDRESS	1600 W 914 STAR	2 22/12
CITY-ST-ZIP	FI DAUDENDALE FE 33311		1.4 City		Wieka Beach F	2. 33702
TITLE		DELETE	2. 1 TITLE		75	Change Addition
NAME			2.2 NAME		Ayole Bernand	wilson
STREET ADDRESS				ET ADDRESS	7000 W. 47 OKK	CC. 3340K
CITY-ST-ZIP		DELETE	2.4 C/TY		Riviera Beach, Beace Edward W 1600 W gth St Fivena Beach,	Change F Addition
TITLE		[1] DELETE	3. 1 TITLE		0 1111	Change Addition
NAME			3.2 NAM6		Bruce Edward W	1804
STREET ADDRESS				ET ADDRESS	3600 60 97	11 221116
CITY-S1-ZIP		DELETE	3.4 CITY -		X. v. can Beach,	C) Change
TITLE		[1] Detet	4. 1 1111.		•	Change Addition
NAME			4.2 NAM6			
STREET ADDRESS				1 ADDRESS		
CHY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 5. 1 TITLE			Change Addition
		La Decere				[ ] Oneride [ ] Modition
NAME CTOTET ADDDGGG		•	5.2 NAM6	1		
STREET ADDRESS				EL ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY -	SI-ZIP	80000185	3430 Rige Addition
NAME		Fill percit		1	<b>8000018</b> 3 -05/22/96010	37038
			6.2 NAM8	1	***200.00	
STREET ADDRESS				1 ADDRESS		7-1-96 me
CITY-ST-ZIP	cedify that the information supplied wi	to this films is unloctable free	6.4 CITY		y for the exemption stated in Section 119.	07(3)(k) Florida Stati dos Lifuthor
					y for the exemption stated in Section 119.0 Brate and that my signature shall have the	

oath; that I am an officer or director of the corporation or the receivor 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 of an attachment with an address.

SIGNATURE: