

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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
**1600 W. 9TH ST.
 RIVIERA BEACH FL 33404
 US**

Mailing Address
**P.O. BOX 16
 FORT LAUDERDALE FL 33302-0016
 US**

3. Date Incorporated or Qualified
08/01/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0509413

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 *Theoplis Wilson*
 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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	WILSON, THEOPLIS L	
STREET ADDRESS	1600 W. 9TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	WILSON, AUDIE BERNARD	
STREET ADDRESS	1600 W. 9TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, BRUCE EDWARD	
STREET ADDRESS	1600 W. 9TH ST.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
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

11 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<i>Plina Wilson III</i>	
13 STREET ADDRESS	<i>31 Fairbanks St</i>	
14 CITY-ST-ZIP	<i>Rochester NY 14621</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<i>Terry Lee Wilson III</i>	
23 STREET ADDRESS	<i>1531 SW 44th Ave #12</i>	
24 CITY-ST-ZIP	<i>Fort Lauderdale, FL 33317</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<i>Ted Arnold Wilson</i>	
33 STREET ADDRESS	<i>227 Edinburgh St</i>	
34 CITY-ST-ZIP	<i>Rochester, NY 14068</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 an attachment with an address.

SIGNATURE: *Theoplis Wilson* **954-4635142**
954-9922020

CR2E034 (9/96)