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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000057318

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 US
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 08/01/1994	4. FEI Number 65-0509413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WILSON, THEOPLIS
1600 W 9TH STREET
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	M	<input type="checkbox"/> DELETE
NAME	WILSON II, PLINA	
STREET ADDRESS	31 FAIRBANKS STREET	
CITY-ST-ZIP	RODCHESTER NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, TERRY L	
STREET ADDRESS	1531 SW 44TH AVE, 12	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, TED A	
STREET ADDRESS	227 EDINBURGH STREET	
CITY-ST-ZIP	RODCHESTER NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILSON, THEOPLIS L.	
1.3 STREET ADDRESS	1600 W. 9TH ST.	
1.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404	
2.1 TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILSON, AUDIE BERNARD	
2.3 STREET ADDRESS	1600 W. 9TH ST.	
2.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404	
3.1 TITLE	D/C/Tr/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILSON, BRUCE EDWARD	
3.3 STREET ADDRESS	1600 W. 9TH ST.	
3.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILSON II, PLINA	
4.3 STREET ADDRESS	1600 W. 9TH ST.	
4.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404	
5.1 TITLE	V/M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILSON, TERRY L.	
5.3 STREET ADDRESS	1600 W. 9TH ST.	
5.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404	
6.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILSON, TED A.	
6.3 STREET ADDRESS	1600 W. 9TH ST.	
6.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404	

14. I 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, with all other like empowered.

SIGNATURE: Bruce E. Wilson **BRUCE E. WILSON** 4-26-99 561-626-6707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)