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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009787

STANLEY KOPELMAN, INC.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90074 028 ***150.00



Principal Place			ATE						
3201 SO. OCEA	N BLVD. STE. 603	3201 SO. OCEAN BLVD), SIE, 6 03						
HIGHLAND BEA	CH FL 33487	HIGHLAND BEACH FL	33487		DO NOT WOT	C INI TI "O CO	MACE		
					DO NOT WRITE	E IN THIS SP	ACE		1
					3. Date Incorporated or Qualifed				
					02/01/1995				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apı	plied For	23
21	•	26			65-0553803		No.	t Applicable	- =
Suite, Apt.	#, etc	Suite, Apt. #, etc.		-	5. Certifcate of Status Desired		\$8.75 △	dditional	:
22		27			5. Certificate of Status Desired	لببا	Fee Re	quired	
City & State	e . / 1 / 1	City & State	,		6. Election Campaign Financing		\$5.00	Mav Be	}
23	30	28 2 4 1			Trust Fund Contribution		Added to	•	ļ
Zip	Country	Zip 5	Country		8. This corporation owes the curren	nt year Intang	ible	-	1
		29	30		Personal Property Tax.			□No	
24	25 9. Name and Address of Curren		30		10. Name and Address of New Re				1
	9. Name and Address of Curren		81	Name	1 8	<u> </u>		 :	1
. K∩PI	ELMAN, STANLEY	**			1]
	SO. OCEAN BLVD. STE. 603		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)			
						<u> </u>	1944, 14 7 2		1
пип	ILAND BEACH FL 33487		83			可可能嫌			
			84	City	***************************************	<u></u>	85 Zip C	ode	1
			54	July .		FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, the above-r	named corp	poration submits this statement for the p	urpose of cha	anging its	registered	1
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa	as authorized by th		ion's board of directors. I hereby accept	the appointm	ient as reg	gisterea	
agent. i ai			Florida Statutes	ne corporati					
•	in juriance many and decept are cong-	tions of, Section 607.0505,	Florida Statutes.	ne corporati					
SIGNATURE			Flonda Statutes.			DATE			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (N	NOTE: Registered Agent s		ed when reinstating)	DATE			(86)
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NID DIRECTORS	NOTE: Registered Agent si		ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE			11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (N	NOTE: Registered Agent s 13. 1.1 TITLE		ed when reinstating)	DATE	DIRECTO	R\$ IN 12	4:(11/98)
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN P KOPELMAN, STANLEY 3201 SOUTH OCEAN BLVD SL	nt and title if applicable. (ND DIRECTORS	NOTE: Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature réquire	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	R\$ IN 12	2E034:(11/98)
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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: