

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000085640 (6)  
 1. Corporation Name  
 COPE ARCHITECTS, INC.



Principal Place of Business Mailing Address  
 182 N.E. 5TH AVE. 182 N.E. 5TH AVE.  
 DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified  
 10/15/1996

4. FEI Number CPA-0708910 Applied For  
 APPLIED FOR

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 SIMONS, BARRY L ESQ.  
 2601 SOUTH BAYSHORE DR.  
 SUITE 1775  
 COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COPE, ROGER	
STREET ADDRESS	182 N.E. 5TH AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

800002630808  
 -09/02/98--01005--018  
 \*\*\*150.00

12  
 9-1

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 employed 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.

CR2E034 (5/98)

August 20, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Customer Service

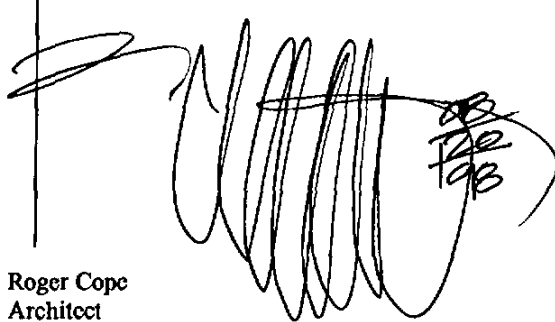
Re: Profit Corporation Annual Report

Dear Customer Service:

I have not received the first notice that my 1998 Profit Corporation Annual Report filing fee was due. Please be advised that you *may* have an incorrect mailing address for my corporation. When the corporation was first established my address was incorrectly listed as 182 NW 5<sup>th</sup> Avenue instead of 182 NE 5<sup>th</sup> Avenue. Please refer to my attached letter written on Dec. 6, 1996 to the Dept. of State. Again, I have *never* received my first notice which I suspect may have been sent to the incorrect address!

With all due respect, please abate any late payment penalties and accept my \$150.00 payment in full and correct any mailing address for future mailings. I now understand that the first mailing occurs in March/April of every year. I will look for my notice at that time in 1999 and not wait if it does not arrive. I will call and ask where it is! Thank you for your consideration.

Sincerely,

A large, stylized handwritten signature in black ink. The signature is highly cursive and somewhat illegible. To the right of the main signature, there are smaller handwritten initials or a date, possibly "RWC" or "1/22/98".

Roger Cope  
Architect

RWC/dah