

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

**FILED**  
**May 07 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 # P96000097936 (4)**

1. Corporation Name  
**BERNARD KOPET, P.A.**



Principal Place of Business

**4310 SHERIDAN ST  
 SUITE 202  
 HOLLYWOOD FL 33021**

Mailing Address

**4310 SHERIDAN ST  
 SUITE 202  
 HOLLYWOOD FL 33021-3512**

3. Date Incorporated or Qualified

**12/02/1996**

3a. Date of Last Report

2. Principal Place of Business

21 **18227 PINES BLVD**  
 Suite, Apt. #, etc.

22 **PIMBROKE PINES FL**  
 City & State

24 **33029** 25 **BROWARD**  
 Zip Country

2a. Mailing Address

26 **18227 PINES BLVD**  
 Suite, Apt. #, etc.

27 **PIMBROKE PINES FL**  
 City & State

29 **33029** 30 **BROWARD**  
 Zip Country

4. FEI Number

**65-0290461**

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

9. Name and Address of Current Registered Agent

**KOPET, BERNARD  
 4310 SHERIDAN STREET  
 SUITE 202  
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

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

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           | <b>P</b>                          | <input type="checkbox"/> DELETE |
| NAME            | <b>KOPET, BERNARD</b>             |                                 |
| STREET ADDRESS  | <b>4310 SHERIDAN ST SUITE 202</b> |                                 |
| CITY - ST - ZIP | <b>HOLLYWOOD FL 33021</b>         |                                 |
| TITLE           | <b>S</b>                          | <input type="checkbox"/> DELETE |
| NAME            | <b>KOPET, ROBIN A</b>             |                                 |
| STREET ADDRESS  | <b>4310 SHERIDAN ST SUITE 202</b> |                                 |
| CITY - ST - ZIP | <b>HOLLYWOOD FL 33021</b>         |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  | <b>18227 PINES BLVD</b>  |
| 1.4 CITY - ST - ZIP | <b>PIMBROKE PINES, FL 33029</b>  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  | <b>18227 PINES BLVD</b>  |
| 2.4 CITY - ST - ZIP | <b>PIMBROKE PINES, FL 33029</b>  |
| 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 |  |

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:

**Bernard Kopet**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/97**

**954(431-8400)**  
 Daytime Phone # **0001754**

CR2E034 (9/96)