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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000078343

1. Corporation Name

DEBORAH S. ZOPP, P.A.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90155 034 ***150.00



Principal Place	e of Business	Mailing Address				1 (40)(44			 	4 (000 10) 1001
1826 LONG POND DRIVE LONGWOOD FL 32779 US			1826 LONG POND DRIVE LONGWOOD FL 32779 US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorp.	orated or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address	5			4. FEI Number			← Ap	plied For
21 Same		26 San			59-34908	55			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.			5, Certifcate of	Status Desired		\$8.75	
22		27			<u> </u>			-		gquired
City & State	e	City & State					npaign Financing			May Be to Fees
Zip	Country	28		Country		Trust Fund (ition owes the curi	root year Into		IO FEES
24	25	29	36	¬ `		Personal Pro		eni year mie	Yes	□No
24	9. Name and Address of Curre		130	<u> </u>			Address of New I	Registered /	gent	
-				81	Name					
	P, DEBORAH S			82	Chaot Ad	Henry ID O Boy New	har is Not Assant	ahla)		
1826 LONG POND DRIVE					Sugar Ad	et Address (P.O. Box Number is Not Acceptable)				
LON	GWOOD FL 32779			83						
				84	City				85 Zip (Code
					_			FL		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	i02 and 607.1508, Florida e of Florida Such change	Statutes,	, the above	e-named co	orporation submits this ation's board of directs	statement for the ors. I hereby acce	purpose of ont the appoin	cnanging its itment as re	registered gistered
Unice of it	egistered agent, or bour, in the State	of Florida, Oden change		ionizou by	the corpore		,	F		٠ .
agent. La	m familiar with, and accept the oblig	gations of, Section 607.050	is, Florid	a Statutes.						
-	m familiar with, and accept the oblig	gations of, Section 607.050		a Statutes.	·					
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.		a Statutes.	·	uired when reinstating)	2UANOE	DATE		NDC IN 12
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. AND DIRECTORS	(NOTE: Re	a Statutes.	·		CHANGES TO OF			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable.	(NOTE: Re	egistered Agen 13. 1.1 TITLE	·		CHANGES TO OF		D DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A D ZOPP, DEBORAH S 1826 LONG POND DRIVE	gent and title if applicable. AND DIRECTORS	(NOTE: Re	egistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		CHANGES TO OF			
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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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR