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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000079631 (2) DOCUMENT #

COPECE PLADODINA INC

Principal Place of Business	Mailing Address			
246 S. BEACH ST. DAYTONA BEACH FL 32114	246 S. BEACH ST. Daytona beach fl 32114			
•				

FILED May 15 1998 8:00am Secretary of State

OOFFE	E EMIFORIOM, INC.					
Principal Plac	e of Business	Mailing Address	1-1- · · · ·			NGIN ARICH CITON TITOT (1001 100);
246 8. BEAC	H ST .	246 S. BEACH ST	•			
DAYTONA BE	ACH FL 32114	DAYTONA BEACH	FL 32114		OO HOT WOLKS IN THE	200405
•					DO NOT WRITE IN THIS	S SPACE
·					3. Date Incorporated or Qualified	
a Principal P	Place of Business	2a, Mailing Addres			09/15/1997 4. FEI Number	I A - Frage -
21 THOIPETT	iace of Business	<u>-</u>	••		59-347/1/3	Applied For Not Applicable
Suite, Apt	# etc.	Suite, Apt. #, e	tc.	•		\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stal	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip			Countr	y	8. This corporation owes or has paid the c	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent
	OS\$, DENISE L		81	Name		
246	8 SBEACH ST.		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
DA'	YT ON A BEACH FL 32114					
			83			
ļ			84	City	·	85 Zip Code
			"	City	F	L 65 210 COUG
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Flori da	Statutes, the above	e-named corp	poration submits this statement for the purpose	of changing its registered
orrice or r agent. La	egiste red agent, or both, in the State im fam iliar with, and accept the oblig	e of Florida. Such chan ge _f ations of, Section 60 7.0 5	e was authorized b i05, Florida Statute	y ine corpora s.	tion's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE	•					
GIGHATORE	Signature, typod or printed name of registered agr	pot and title d applicable	(NO11: Registered Ag	ent signature requi		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	U DOGG DENIGE (☐ DELE	TE 1.1 TITLE			☐ Change ☐ Addition
NAME	CROSS, DENISE L		1.2 NAME			
STREET ADDRESS	3100 OCEAN SHORE BLVD.	#206	1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		1.4 CITY -	ST-ZIP		.
TITLE		☐ DELE	TE 2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME	•		
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · ·	2. 4 CITY-	ST-ZIP		
TITLE		L DELE	TE 31 TITLE			L Change L Addition
NAME			3.2 NAME	-		
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST · ZIP		
TITLE		L DELE				☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	I ADDRESS		
CITY-ST-ZIP		T	4.4 CITY - 5	ST - ZIP		——————————————————————————————————————
TITLE		DELE				Change Addition
NAME			5.2 NAME			
STREET ADDRESS			1	F ADDRESS		
CITY-ST-ZIP		1 500	5.4 CITY - 1	ST-ZIP		
TITLE		☐ OELE				☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET	FADDRESS		
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP		

14. Thereby 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.

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