


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90011 027 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000004530</b>					
1. Corporation Name <b>COPLAND O'NEIL, INC.</b>					
Principal Place of Business 1238 HILLSBORO MILE, 104-A C/O SEAN O'NEIL HILLSBORO BEACH FL 33062			Mailing Address 1238 HILLSBORO MILE, 104-A C/O SEAN O'NEIL HILLSBORO BEACH FL 33062		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>01/14/1998</b>					
2. Principal Place of Business 21 <b>3012 East Commercial Blvd</b> Suite, Apt. #, etc.				2a. Mailing Address 26 <b>3012 East Commercial Blvd</b> Suite, Apt. #, etc.	
22 City & State 23 <b>Ft. Lauderdale, FL</b> Zip Country 24 <b>33308</b> 25 <b>US</b>				27 City & State 28 <b>Ft. Lauderdale, FL</b> Zip Country 29 <b>33308</b> 30 <b>US</b>	
4. FEI Number <b>65-0811344</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>BIZZARRO, DEBORAH L</b> <b>2929 E. COMMERCIAL BLVD., STE. PH-C</b> <b>FORT LAUDERDALE FL 33308</b>				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>[Signature]</i> DATE <b>7-9-99</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	DPT <input type="checkbox"/> DELETE NAME <b>COPLAND, JANET</b> STREET ADDRESS <b>1101 S.W. 109TH WAY</b> CITY-ST-ZIP <b>DAVIE FL 33324</b>				
TITLE	DVS <input type="checkbox"/> DELETE NAME <b>O'NEIL, SEAN</b> STREET ADDRESS <b>1238 HILLSBORO MILE, 104-A</b> CITY-ST-ZIP <b>HILLSBORO BEACH FL 33062</b>				
TITLE	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
TITLE	<input type="checkbox"/> DELETE				
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					
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.					
SIGNATURE: <i>[Signature]</i> <b>7/30/99</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/99)