

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000031228**

1. Corporation Name

S. JAMES COPPERSMITH, INC.

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90016 043 ***550.00



Principal Place of Business

3101 NORTH FEDERAL HIGHWAY
SUITE 601
FORT LAUDERDALE FL 33306

Mailing Address

3101 NORTH FEDERAL HIGHWAY
SUITE 601
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

65-0829974

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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 5200 N.W. 33 Avenue

Suite, Apt. #, etc.

22 Suite 209

City & State

23 Ft. Lauderdale, Fl.

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 5200 N.W. 33 Avenue

Suite, Apt. #, etc.

27 Suite 209

City & State

28 Ft. Lauderdale, Fl.

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

CAMERON, CARA E
3101 NORTH FEDERAL HIGHWAY
SUITE 601
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

Cameron, Cara E.

82 Street Address (P.O. Box Number is Not Acceptable)

**2929 East Commercial Blvd.
Suite 410**

84 City

Ft. Lauderdale

FL

85 Zip Code

33308

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 *Cara E. Cameron*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/21/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **COPPERSMITH, S J**
STREET ADDRESS **3101 NORTH FEDERAL HIGHWAY #601**
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☐ Change ☒ Addition
1.2 NAME **Coppersmith, S. J.**
1.3 STREET ADDRESS **5200 N.W. 33 Avenue, Suite 209**
1.4 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33309**

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Cameron, Cara E.**
2.3 STREET ADDRESS **2929 East Commercial Blvd., Suite 410**
2.4 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33308**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Cara Ebert Cameron* **7/21/99** **Cara Ebert Cameron, Secretary 954-491-1950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0069342

CR2E034 (5/99)