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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90182 023 ***150.00

,,,,,,	19989	DIVISION OF CO	PRPORATIONS	03-00-1999 90182 023 *** 130.0	U
DOCU	MENT # 098000 NAME COPS, I	053519			
1. Corporation	ARPET COPS, I	NC.	~ /	200801 - 20105 50	_
	2114 01		\sim		
Principal Place		Mailing Address			
704	N.E 11th Avan	UE			
D	AND BOARD GAR	1114 33061		DO NOT WRITE IN THIS SPACE	
Pompano BEACH, FLORIDA 33061				3. Date Incorporated or Qualified 198	
2. Principal P	lace of Business	2a. Mailing Address 26 704 N.E.	1156 A 10		lied For
21			// Serve		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	
City & State	8	28 Powpano B	EACH, RORIDA	6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intar	
24	25		10 USA	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Maine and Address of New Registered Agent	
JEFFREY CLARK				(D.O. Day N. Johns in Not Acceptable)	
704 N.E. 1/ TE AVENUE 82 Street Address				ess (P.O. Box Number is Not Acceptable)	
0	upano BEACH, 1	6000 000	83		}
Pou	upano DEACH, T	WICH 3306	/ 84 City	85 Zip Ci	ode
	•			FL	
Affice or r	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	itnorized by the corporati	oration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as re	egistered
	am raminar with, and accept the conga	ations of, decitor our looks, flor	iog oldioloo.		
SIGNATURE	Signature, typed or printed name of registered age	1	Registered Agent signature require		2 IN 12
12.	OFFICERS AND		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	Addition
TITLE	PRESIDENT, DIRECTO	—, v (, —			
NAME STREET ADDRESS	TEFFREY CLARK 704 N.E. 1151 POMPANO BEAC	AVENUE 3364	1.3 STREET ADDRESS		
CITY-ST-ZIP	Princepio BEAN	I HORIDA	1.4 CITY-ST-ZIP		
TITLE	100 minutes 100 minutes	☐ DELETE	2.1 TITLE	Change	Addition
NAME	(2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	Change	Addition
TITLE _ · ·		DELETE	3.1 TITLE		
NAME atoret apopeas			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	ļ		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME]		4. 2 NAME		
STREET ADDRESS	}		4.3 STREET ADDRESS		ł
CITY-ST-ZIP		DELCTE	4.4 CITY-ST-ZIP	Change	Addition
TITLE		☐ DELETE	5.1 TITLE	onlings	
NAME	Į.		5.2 NAME 5.3 STREET ADDRESS		ĺ
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	 	DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		i
CITY-ST-ZIP		·	6.4 CiTY - ST - ZIP	Coation 110 07/29/i) Florida Statutos Liuribar cartify that the	i-former tion

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 informatio 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 13 if changed, or on an altechment with an address.

SIGNATURE:

4-27-99