

**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).

**FILED**  
**Jul 13, 1999 8:00 am**  
**Secretary of State**

07-13-1999 90011 029 \*\*\*150.00

0106602

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # P98000056508** ✓  
 Corporation Name  
**MICHAEL J. SOPOLIGA, INC.**



Principal Place of Business: **029 ANTILLES AVE FT PIERCE FL 34982**  
 Mailing Address: **1029 ANTILLES AVE FT PIERCE FL 34982**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1998**  
 4. FEI Number: **59-3517818** 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

2a. Mailing Address: **1029 ANTILLES AVE FT PIERCE FL 34982**  
 26. Suite, Apt. #, etc.:  
 27. City & State:  
 28. Zip: **34982** Country:  
 29. Zip: **34982** Country:

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SOPOLIGA, MICHAEL J**  
**1029 ANTILLES AVE**  
**FT PIERCE FL 34982**

81. Name:  
 82. Street Address (P.O. Box Number is Not Acceptable):  
 83. City:  
 84. City: **FL** 85. Zip Code:

I, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME FEET ADDRESS Y-ST-ZIP <b>PSTD            SOPOLIGA, MICHAEL J            1029 ANTILLES AVE            FT PIERCE FL 34982</b> <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME FEET ADDRESS Y-ST-ZIP <b>VD            FEINSTEIN, LYDIA            1029 ANTILLES AVE            FT PIERCE FL 34982</b> <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME FEET ADDRESS Y-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME FEET ADDRESS Y-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME FEET ADDRESS Y-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME FEET ADDRESS Y-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **6-30-99** **407 820-0709**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

P98000056508  
587251-90011-29

Michael J. Sopoliga, Inc.  
1029 Antilles Ave.  
Fort Pierce, FL 34982

Division of Corporations  
Tallahassee, FL

July 1, 1999

To whom it may concern,

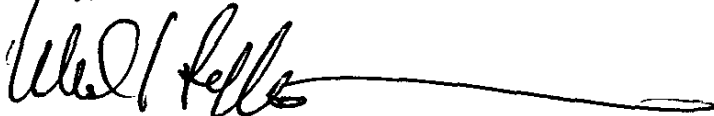
I just received a "second notice" regarding my annual report filing for my corporation. I did not receive the first notice, otherwise I would have made prompt payment, knowing of the high penalty for missing the deadline.

I am enclosing a check for \$150.00, the original filing fee, along with the paperwork.

I hope you understand my reasons, and please verify that my address is correct as it is written above.

Thank you very much for your kind consideration,

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Sopoliga", followed by a long horizontal flourish.

Michael J. Sopoliga,  
President