

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90001 001 ***550.00

DOCUMENT # P98000080583

1. Corporation Name

SUSAN G. CHOPIN, P.A.

Principal Place of Business

1555 PALM BCH LAKES BLVD., SUITE 810
W. PALM BCH FL 33401

Mailing Address

1555 PALM BCH LAKES BLVD., SUITE 810
W. PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1998

4. FEI Number

☒ 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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 222 LAKEVIEW AVENUE

26 222 LAKEVIEW AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1150

27 1150

City & State

City & State

23 WEST PALM BEACH FL

28 WEST PALM BEACH FL

Zip

Country

Zip

Country

24 33401

25 PALM BCH

29 33401

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHOPIN, SUSAN G ESQ.
1555 PALM BCH LAKES BLVD., SUITE 810
W. PALM BCH FL 33401

81 Name

SUSAN G. CHOPIN, ESQ

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

222 LAKEVIEW AVENUE

83

SUITE 1150

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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

Susan G. Chopin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHOPIN, SUSAN G
STREET ADDRESS 1555 PALM BCH LAKES BLVD., SUITE 810
CITY-ST-ZIP W. PALM BCH FL 33401

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 ☒ Change ☐ Addition

1.2 NAME SUSAN G. CHOPIN
1.3 STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 1150
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Susan G. Chopin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/99
Date

561-651-7800
Daytime Phone #

CR2E034 (1/98)

031961