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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092007 1. Corporation Name

COTOPOLIS ENTERPRISES, INC.

Principal Place of Business
4528 GROVELAND AVE

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90087 042 ***150.00

Principal Place	of Business	Mailing Address						,
4528 GROVELAN	ND AVE	4528 GROVELAND AVE						
SARASOTA FL 34231		SARASOTA FL 34231			DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed	O OI AOL	
						10/28/1998		
2 Principal DI	ace of Business	2a. Mailing Address				4 EEI Number	Apr	olied For
	ace of Business	26				65-0270611	Not	Applicable
21 Suite Act	# etc	Suite, Apt. #, etc.					\$8.75 A	
Suite, Apt. #, etc.		27	-			5. Certifcate of Status Desired	Fee Red	I
City & State		City & State				6. Election Campaign Financing	\$5.00	May Re
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year in	ntangible	
24	25	29	30		•	Personal Property Tax.		□No ↓
	9. Name and Address of Curr					10. Name and Address of New Registered	Agent	
				81	Name			
COT	OPOLIS, JAMES			-	0)	(D.O. D. M. hari- Net Accordable)		
4528	GROVELAND AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		}
SAR	ASOTA FL 34231			83				
				Ш				
				84	City	FI	85 Zip C	ode
office or re agent. I an SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, F	authorized Iorida Stati	i by utes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose on a board of directors. I hereby accept the appointment of the purpose of the pur	ointment as reg	istered
42	Signature, typed or printed name of registered a	AND DIRECTORS	13.	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	P	DELETE	1.1 Tr	n E	1	ADDITIONS/CHANGES TO OFFICEROA	Change	Addition
	COTOPOLIS, JAMES		1.2 NA			•		
NAME	4528 GROVELAND AVE				ADDRESS			ì
STREET ADDRESS			- 1		ì			
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CI		I-ZIP			1
TITLE		□ DELETE					☐ Change	☐ Addition
NAME		☐ DELETE	2.1 T	TLE			Change	Addition
STREET ADDRESS		☐ DELETE	2.1 TO 2.2 NA	TLE AME			Change	Addition
		☐ DELETE	2.1 TI 2.2 NA 2.3 S1	TLE AME TREET	ADDRESS		☐ Change	Addition
CITY-ST-ZIP			2.1 TM 2.2 NA 2.3 S1 2.4 CI	TLE AME TREET				
TITLE		☐ DELETE	2.1 TT 2.2 NA 2.3 ST 2.4 CD 3.1 TT	TLE AME TREET STY-S TLE			☐ Change	☐ Addition
TITLE NAME			2.1 TF 2.2 NA 2.3 S1 2.4 CC 3.1 TF 3.2 NA	TLE AME TREET TLY-S TLE AME	T-ZIP			
TITLE NAME STREET ADDRESS			2.1 TF 2.2 NA 2.3 ST 2.4 CD 3.1 TF 3.2 NA 3.3 ST	TLE TREET TTLE TAME TREET	T-ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ OELÉTE	2.1 TF 2.2 NA 2.3 ST 2.4 CC 3.1 TF 3.2 NA 3.3 ST 3.4. CC	TLE TREET TLE AME TREET	T-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS: CITY- ST- ZIP TITLE			2.1 TT 2.2 NA 2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4 CD	TLE TREET TLE AME TREET TLE TREET TREET TTY-S TLE	T-ZIP			
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME		☐ OELÉTE	2.1 TT 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC 4.1 TT 4.2 NA	TLE TREET TLE AME TREET TLE TREET TTY-S' TLE AME	T-ZIP ADDRESS T-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ OELÉTE	2.1 TT 2.2 N/ 2.3 ST 2.4 CO 3.1 TT 3.2 N/ 3.3 ST 3.4 CO 4.1 TT 4.2 N/ 4.3 ST	TLE TREET TILE TREET TILE TREET TLE TREET TREET TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TT 2.2 NV 2.3 ST 2.4 CD 3.1 TT 3.2 NV 3.3 ST 3.4 CD 4.1 TT 4.2 NV 4.3 ST 4.4 CF	TLE TREET TITY-S TILE TREET TITY-S TILE TREET TREET TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS	S	☐ Change	☐ Addition
TITLE NAME STREET ADORESS: CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ OELÉTE	2.1 TT 2.2 N/ 2.3 ST 2.4 CD 3.1 TT 3.2 N/ 3.3 ST 3.4 CD 4.1 TT 4.2 N/ 4.3 ST 4.4 CD 5.1 TT	TLE TREET TITY-S TILE TITY-S TILE TAME TREET TITY-S TILE TREET TITY-SITLE TREET TITY-SITLE	T-ZIP ADDRESS T-ZIP ADDRESS	S CA	☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1 TT 2.2 NV 2.3 ST 2.4 CO 3.1 TT 3.2 NV 3.3 ST 3.4 CO 4.1 TT 4.2 N 4.3 ST 4.4 CO 5.1 TT 5.2 NV	TLE AME TILE AME TREET TLE TREET TLE TREET TLE TREET TY-SI TLE AME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	AF CA	☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.1 TT 2.2 NA 2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4 CD 4.1 TT 4.2 NA 4.3 ST 4.4 CD 5.1 TT 5.2 NA 5.3 ST	TLE AME TREET TLE AME TREET TTY-S TLE AME TREET TY-SI TLE AME TREET	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	SIGN.	☐ Change	☐ Addition
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TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE		☐ DELETE	2.1 TT 2.2 N/2 2.3 ST 2.4 CC 3.1 TT 3.2 N/2 3.3 ST 3.4. CC 4.1 TT 4.2 N/4 4.3 ST 4.4 CC 5.1 TT 5.2 N/2 5.3 ST 5.4 CC 6.1 TT	TILE TREET TITY-S TILE AME TITY-S TILE	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	SIGN I	☐ Change	☐ Addition
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14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:07(3)(1). 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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: