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
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90092 030 ***150.00

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DOCUMENT # **544992**

1. Corporation Name
K. H. COPY PRODUCTS CORPORATION

Principal Place of Business	Mailing Address
1314 N. DIXIE HWY P.O. BOX 619 HOLLYWOOD FL 33022	1314 N. DIXIE HWY P.O. BOX 619 HOLLYWOOD FL 33022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/12/1977

4. FEI Number: 59-1802810 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 1314 N Dixie Hwy	26 PO BOX 220608
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Hollywood, Florida	28 Hollywood, Florida
24 Zip 33020 25 Country USA	29 Zip 33022 30 Country USA

9. Name and Address of Current Registered Agent

HEIECK, KARL H. J
1307 BUCHANAN STREET
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEIECK,KARL H.		1.2 NAME	
STREET ADDRESS	1307 BUCHANAN STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE	SV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEIECK,LINDA R.		2.2 NAME	
STREET ADDRESS	1307 BUCHANAN STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Karl H. Heieck SIGNATURE REQUIRED 4/14/99 954-920-9609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)