

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G65854** (3)

1. Corporation Name
COPY CONCEPTS, INC.



Principal Place of Business: **C/O JAMES STIGLICH, 843 4TH AVE. SO., NAPLES FL 33940**
Mailing Address: **C/O JAMES STIGLICH, 843 4TH AVE. SO., NAPLES FL 33940**

3. Date Incorporated or Qualified: **10/21/1983**
3a. Date of Last Report: **04/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2326100	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Zip			
24	24	29	29	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STIGLICH, JAMES 843 4TH AVE. SO. NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE	1.1 TITLE	C-S-T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STIGLICH, JAMES		1.2 NAME	Stiglich, James			
STREET ADDRESS	3705 STONERIDGE CT		1.3 STREET ADDRESS	3705 Stoneridge Ct.			
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Ft. Myers, Fl 33908			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STIGLICH, JAMES		2.2 NAME				
STREET ADDRESS	3705 STONERIDGE CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HICKOX, RONALD		3.2 NAME	Hickox Ronald			
STREET ADDRESS	11220-3 METRO PWY		3.3 STREET ADDRESS	11220-3 Metro Pkwy			
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Ft. Myers, Fl 33912			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	V. P.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Gould Michael			
STREET ADDRESS			4.3 STREET ADDRESS	1621 Commerce Ave N			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	St. Petersburg, Fl 33716			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James Stiglich James Stiglich Date: 4-15-96 941-261-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)