

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 GOODLETTE RD. N. Suite, Apt. #, etc. 22 #101 City & State 23 NAPLES, FL Zip 24 34102 Country 25 USA		2a. Mailing Address 26 600 GOODLETTE RD. N. Suite, Apt. #, etc. 27 #101 City & State 28 NAPLES, FL Zip 29 34102 Country 30 USA		3. Date Incorporated or Qualified 10/21/1983	4. FEI Number 59-2326100	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent STIGLICH, JAMES 843 4TH AVE. SO. NAPLES FL 33940				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIGLICH, JAMES	1.2 NAME	
STREET ADDRESS	3705 STONERIDGE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
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	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKOX, RONALD	3.2 NAME	
STREET ADDRESS	11220-3 METRO PWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD MICHAEL	4.2 NAME	
STREET ADDRESS	1621 COMMERCE AVE. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
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 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: *James Stiglich* 3-23-98 (94) 261-8440

CP2E034 (10/97)