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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J55025

2a. Mailing Address

DOCUMENT #

2. Principal Place of Business

I NEED A COPY, INC.

Principal Place of Business	Mailing Addréss
4226 54TH AVE NO	4226 54TH AVE NO
ST PETERSBURG FL 33714	ST PETERSBURG FL 33714
US	US

26

Date Incorporated or Qualified 01/29/1987	3a. Date of Last Report 05/01/1995		
, FEI Number	1	Applied For	
59-2777043		Not Applicable	
, Certificate of Status Desired		\$8.75 Additional Fee Required	

Suite, Apt. #, etc.	Suite, Apl. #,	etc.	5. Certificate of Status Desired	Fee Required
City & State	27 City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7.ip Count 25		Country 30	8. This corporation has liability for intangits Florida Statutes Yes X N 10. Name and Address of New Register	0
BUONO, LINDA 4226 54TH AVE NO ST PETERSBURG FL 33714		81 Name 82 Street Addi 83	ress (P.O. Box Number is Not Acceptable)	last 7a Codo

85 Zip Code B4 City 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. Thereby accept the appointment as registered agent. I am the state of the other for the form for the state of the other forms for the state of the other forms.

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	BUONO, GARY		1.2 NAME	
ME	4226 54TH AVE NO		13 STREET ADDRESS	
HEET ADDRESS	ST PETERSBURG FL		1.4 CHTY - ST - ZIP	
Y-ST-ZIP	DVST	DELETE	2 1 11111	Change Addition
LE	BUONO, LINDA	L,	2.2 NAME	
ME	4226 54TH AVE NO		2.3 STREET ADDRESS	
REET ADDRESS	ST PETERSBURG FL		2.4 CITY - ST - ZIF	
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LF			3.2 NAME	
ME			3.3 STREET ADORESS	
REET ADDRESS			34 CITY ST-ZIP	
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ITLE		☐ DELETE	6 1 TITLE	Haran - J Kamari
ADIC			6 2 NAME	

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 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 certify that I am an officer or director of the corporation or the receiver or trusted 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. 64 CITY - ST- ZIP

63 STREET ADDRESS

SIGNATURE: ___

STREET ADDRESS

4/26/96 813-544-2679