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 12, 1999 8:00 am
Secretary of State
04-12-1999 90036 038 ***150.00

DOCUMENT # J55025

1. Corporation Name
I NEED A COPY, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/29/1987

2. Principal Place of Business
21: 12170 88th Ave North
22: Suite, Apt. #, etc.
23: Seminole Florida
24: Zip 33772 25: Country USA

2a. Mailing Address
26: 12170 88th Ave North
27: Suite, Apt. #, etc.
28: Seminole Florida
29: Zip 33772 30: Country USA

4. FEI Number: 59-2777043 ☐ 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

9. Name and Address of Current Registered Agent

BUONO, LINDA
4226 54TH AVE NO
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name: Linda Buono
82 Street Address (P.O. Box Number is Not Acceptable): 12170 88th Avenue North
83:
84 City: Seminole **FL** 85 Zip Code: 33772

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	DCP	☐ DELETE	1.1 TITLE	DCP	☒ Change ☐ Addition
NAME	BUONO, GARY		1.2 NAME	Gary Buono	
STREET ADDRESS	4226 54TH AVE NO		1.3 STREET ADDRESS	12170 88th Avenue North	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	Seminole, FL 33772	
TITLE	DVST	☐ DELETE	2.1 TITLE	DVST	☒ Change ☐ Addition
NAME	BUONO, LINDA		2.2 NAME	Linda Buono	
STREET ADDRESS	4226 54TH AVE NO		2.3 STREET ADDRESS	12170 88th Avenue North	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	Seminole, FL 33772	
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: X Linda Buono REQUIRED 4/9/99 727-398-5762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)