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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P38192**

1. Corporation Name

	-COPY CORPORATION	Mailing Address							
Principal Place of Business Mailing Address									
10350 USA TODAY WAY MIRAMAR FL 33025 MIRAMAR FL 33025									
US US						DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	i		
						04/06/1992			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0306528		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27				5. Certificate of Status Desired	Ш	Fee Re	quired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		^ Added t	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the cui	rent year Inta		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New	Registered /	Agent	
COD	DODATION COMPANY OF MIAN	s#I	18	81 Na	me				
	RPORATION COMPANY OF MIAN	AL	1	32 Str	eet Addre	ess (P.O. Box Number is Not Accept	table)		
	SOUTH BISCAYNE BLVD.								
	MIAMI CENTER		8	33					
MIAI	MI FL 33131			34 Cit	v			85 Zip (Code
			l'		y		FL		3000
44 Owner	to the provisions of Sections 607.050		se the ahr		and corne	ration submits this statement for the	a nurnose of	changing its	reaistered I
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change was au	uthorized t	by the c	corporation	n's board of directors. I hereby acce	ept the appoir	ntment as reg	gistered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	e of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized t rida Statut	by the o	corporation	n's board of directors. I hereby acce	ept the appoir	ntment as req	gistered
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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, from an attachment with an address of the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP