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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

•	1996	DIVISION OF COI	RPORATIONS			
DOCUN 1. Corporation	MENT # P950	00009746 (5)				
	TIVE COLOR COPIES, INC) ,		A AMANUS A INDI INDI MINI MANUS ABILI ABILI ABILI		II 4:4:3 6 (1) (6.2)
Principal Place	of Business	Mailing Address			 	11 #1818 #11 1 9 81
14951 S. DIXIE HWY		14951 S. DIXIE HWY Miami Fl 33176				
MIAMI FL 3:	3176	MIAMI PL 33170		Date Incorporated or Qualified	3a. Date of Last R	eport
				02/06/1995	<u> </u>	
2. Principal Pla	ace of Business	2a. Mailing Address 26 BBUSW	133 CT	4. FEI Number 65 - 055732		Applied For Not Applicable
1 88 Suite, Apt.		26 6811.5 W Suite, Apt. #, etc.	1000	5. Certificate of Status Desired	\$8. 7 5	Additional
12		27			F66	Required
City & State		City & State 28 MIAMI	Fi	Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s	199.032,
4 3317	9. Name and Address of Curr		MZY 0	Florida Statutes Yes 10. Name and Address of New F	No Registered Agent	
	9. Name and Address of Com	ent negistered Agent	81 Name			
PENNEY, JOHN W			82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
14951 S. DIXIE HWY			83 88	11 2 W. 135 24	reet	
MIANI	FL 33176					in Code
			84 City M	iami	- LT 3	ip Code 3176
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the pu	rpose of changing its pointment as registere	registered office d agent. I am
tamiliar wi	ith, and accept the obligations of, S	ection 607,0505, Florida Statutes.	ι, ρ.	ard of directors. Thereby accept the app	4-18-6	3/-
SIGNATURE	Otoristure in bed or printed in the of registered a	gent and title if applicable. [NOTE:	Registered Agent signature require	ed when trinstating)	DATE	
12.	OFFICERS.	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12 Addition
TITLE NAME	D DEVINEY TOUN W	☐ DELETE	1, 1 TITLE 1.2 NAME		A	
STREET ADDRESS	PENNEY, JOHN W 14951 S. DIXIE HWY		1 3 STREET ADDRESS	8811 SW 132 ST		
CITY-ST-ZIP	MIAMI FL 33176			MIAMI FI 331	7 ∕o	Addition
TITLE	D DENINGY MATURIAL M	DEFELE	2. 1 TITLE 2.2 NAME	_	-	[] Monton
NAME STREET ADDRESS	PENNEY, KATHRYN K 14951 S. DIXIE HWY		2 3 STREET ADDRESS	3811 EM 135 EL		
CITY - S1 - ZIP	MIAMI FL 33176			MAMI F1 3317	16	Addition
TITLE		☐ DELETE	3 1 TITLE 3.2 NAME		☐ Change	☐ X00mon
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
TITLE		DELETE	4. 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME : 4.3 STHEET ADDRESS			
STREET ADORESS 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 5.4 CHTY - ST - ZIP			
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	by portify that the information even	ied with this films is valuntarily furnish	■ 6.4 CITY-ST-ZIP bed and does not qualify	for the exemption stated in Section 11	9.07(3)(k), Florida Stat	utes. I further

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)(R). Florida Statutes, I multiple 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: