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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARIMENT OF STATE

FILED

Jun 09 1997 8:00am

Secretary of State

Change

305)

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500009746 (5)

CREATIVE COLOR COPIES, INC.

Principal Place of Business		Mailing Address	Mailing Address		a induient fin enter mill maste matte matte matte matte and the contract a	
8811 SW 192 ST. MIAMI FL 33178 US		8811 SW 132 ST. MIAMI FL 33176-5926 US				
				3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report 04/23/1996	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0557325	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28]		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29	30		Yes No	
9, Name and Address of Current Registered Agent				10. Name and Address of New Re	gistered Agent	
	NNEY, JOHN W		81 Name			
8811 SW 132 STREET			82 Street Ad	Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33176						
			83			
			84 City		85 Zip Code	
			"		FL ' '	
	am familiar with, and accept the o	bligations of, Section 607.0505, I	s authorized by the corbor	rporation submits this statement for the p alion's board of directors. I hereby accep	of the appointment as registered	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE CONTRACTORS IN 12	
TITLE	D	DELETE	11 184	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	PENNEY, JOHN W	_	1.2 NAME		C ontaings C Addition	
STREET ADDRESS	AA44 ANII 4AA AY		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL					
TITLE	D	. DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	PENNEY, KATHRYN K		2.2 NAME		C Change Mounton	
STREET ADDRESS	4644 6HZ 466 6T		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-7IP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME		hand secret	3.2 NAME		E Originge E Monitori	
STREET ADDRESS			3.3 STREET ADDRESS		i	
CITY-ST-ZIP			3.4. City - \$1 - 710			
TITLE		DELFTE	41 TITLE		Change Addition	
NAME		hand provided to	4. 2 NAME		Thomas Thy Manifest	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			I 1			
TITLE	<u> </u>	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME		had beechile	5.2 NAME		C'' Ouange L'I Madiiloii	
STREET ADORESS			5.3 STREET ADDRESS			
STATE OF THE STATE OF	1		■ 0.0 0 INTEL MUUNE 00 [

5.4 CITY - ST - 7IP

64 CITY-ST-7/F

14. I do 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

6.1 TITLE

6.2 NAME

DELETE