

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90209 036 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000067934**

1. Corporation Name  
**COPYCO, INC.**



Principal Place of Business  
**1011 SW 30TH AVENUE  
 DEERFIELD BEACH FL 33442  
 US**

Mailing Address  
**1011 SW 30TH AVENUE  
 DEERFIELD BEACH FL 33442  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**09/01/1995**

4. FEI Number

**65-0605399**

Applied For  
 Not Applicable

5. Certificate 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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTICE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P, D**  DELETE  
 NAME **STALLER, STEVEN**  
 STREET ADDRESS **1011 S.W. 30TH AVENUE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

1.1 TITLE **HAEDS, DENISE**  Change  Addition  
 1.2 NAME **DIRECTOR**  
 1.3 STREET ADDRESS **1011 SW 30 AVENUE**  
 1.4 CITY-ST-ZIP **DEERFIELD BCH, FL 33442**

TITLE **VP**  DELETE  
 NAME **STALLER, RICK**  
 STREET ADDRESS **1011 S.W. 30TH AVENUE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

2.1 TITLE **MAYER, DAVID**  Change  Addition  
 2.2 NAME **TREASURER**  
 2.3 STREET ADDRESS **1011 SW 30 AVENUE**  
 2.4 CITY-ST-ZIP **DEERFIELD BCH, FL 33442**

TITLE **VPS**  DELETE  
 NAME **GRAY, DONALD**  
 STREET ADDRESS **1011 SW 30TH AVE.**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

3.1 TITLE **THULLEN, MATTHEW P.**  Change  Addition  
 3.2 NAME **SECRETARY**  
 3.3 STREET ADDRESS **1011 SW 30 AVENUE**  
 3.4 CITY-ST-ZIP **DEERFIELD BCH, FL 33442**

TITLE **C**  DELETE  
 NAME **MERRIMAN, BRIAN**  
 STREET ADDRESS **1011 S.W. 30TH AVENUE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D, C**  DELETE  
 NAME **EVERSOLE, DENNIS**  
 STREET ADDRESS **1011 SW 30TH AVENUE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 indicate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-99**

**954-428-1300**

CR2E034 (1/98)