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Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90047 043 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000061226

1. Corporation Name
COPY CATZ PRINTING & ETC., INC.



Principal Place of Business: 24017 PRODUCTION CIRCLE SUITE C BONITA SPRINGS FL 34134
 Mailing Address: POST OFFICE BOX 942 BONITA SPRINGS FL 34133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 07/23/1996
 4. FEI Number: 59-3383981 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
HUNTER, BOBBY L JR.
4672 KEY LARGO LANE
BONITA SPIRNGS FL 34133

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City () FL () Zip Code () 85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	HUNTER, ALICE L	
STREET ADDRESS	POST OFFICE BOX 942 N/A	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	
TITLE	D	DELETED
NAME	RAYBURN, DEBORAH C	
STREET ADDRESS	460 - 27TH STREET SOUTH WEST	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change () Addition ()
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		Change () Addition ()
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		Change () Addition ()
3.1 TITLE		Change () Addition ()
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		Change () Addition ()
4.1 TITLE		Change () Addition ()
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change () Addition ()
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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: *Alice L. Hunter* **FILED** 1-22-99 941-992-3720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)