

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:41

DOCUMENT # **S71983** (8)

1. Corporation Name
COMPLETE CARTRIDGE SERVICES, INC.

Principal Place of Business Mailing Address
6870 66TH ST N 6870 66TH ST N
PINELLAS PARK FL 34665 PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified **08/06/1991** 3a. Date of Last Report **03/28/1994**

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

4. FEI Number **59-3087040** Applied For
Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
COOLEY, R EDWARD
1450 SR 434 W
SUITE 200
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	TROTIER, JAMES M
STREET ADDRESS	7501 142ND AVE N #435
CITY - ST - ZIP	LARGO FL
TITLE	VTD
NAME	TROTIER, SHARON K
STREET ADDRESS	7501 142ND AVE N #435
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Trotier, James M.
1.3 STREET ADDRESS	3194 Honeysuckle Rd.
1.4 CITY - ST - ZIP	Largo, Fl. 34640
2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Trotier, Sharon K.
2.3 STREET ADDRESS	3194 Honeysuckle Rd.
2.4 CITY - ST - ZIP	Largo, Fl. 34640
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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)(k), 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.

SIGNATURE: James Trotier James Trotier 1-18-95 713/545-0884
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR CLERK OF DIRECTOR Date Telephone #