

2-3-97 B-1224 C
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 Feb 03 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # S71983 (8)
 1. Corporation Name: COMPLETE CARTRIDGE SERVICES, INC.



Principal Place of Business: 6870 66TH ST N, PINELLAS PARK FL 34685
 Mailing Address: 6870 66TH ST N, PINELLAS PARK FL 33781-5036

3. Date Incorporated or Qualified: 08/06/1991
 3a. Date of Last Report: 02/16/1996
 4. FEI Number: 59-3087040
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: James Trotier
 82 Street Address (P.O. Box Number is Not Acceptable): 3194 Honeysuckle Rd.
 83
 84 City: Largo FL 85 Zip Code: 33770

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: James Trotier (Signature) James Trotier (Typed Name) DATE: 1-22-97

12. OFFICERS AND DIRECTORS
 TITLE: PSD
 NAME: TROTIER, JAMES M.
 STREET ADDRESS: 3194 HONEYSUCKLE RD.
 CITY-ST-ZIP: LARGO FL
 TITLE: VTD
 NAME: TROTIER, SHARON K.
 STREET ADDRESS: 3194 HONEYSUCKLE RD.
 CITY-ST-ZIP: LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 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 (Signature) James Trotier (Typed Name) DATE: 1-22-97 DAYTIME PHONE #: 813/545-0884

CR2E034 (9/96)