


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **254523** (4)
1. Corporation Name
A B COPY MACHINES INC

Principal Place of Business 4610 N. LOIS AVE. TAMPA FL 33614	Mailing Address 4610 N. LOIS AVE. TAMPA FL 33614
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0946241	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HALADAY, WILLIAM J.
4610 N. LOIS AVE.
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALADAY, WILLIAM J	1.2 NAME	
STREET ADDRESS	1314 ESTATEWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALADAY, PHYLLIS E.	2.2 NAME	
STREET ADDRESS	1314 ESTATEWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALADAY, KIMBERLY ANN	3.2 NAME	
STREET ADDRESS	1314 ESTATEWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****150.00**

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.

SIGNATURE: *[Signature]*

8/5/98 (813) 870-3980

CR2E034 (5/98)

LUCIANO PRIDA & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
1108 N. FRANKLIN STREET
TAMPA, FLORIDA 33602

JPJ2

LUCIANO PRIDA
LUCIANO L. PRIDA, JR.
DAVID D. GIGLIA
SPENCER H. WEISMAN
LINDA M. RAYMOND
GEORGE K. GUIDA

TELEPHONE: (813) 226-6091
FAX NO. (813) 229-7754

August 5, 1998

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: A B Copy Machines, Inc.
4610 Lois Ave.
Tampa, FL 33614
59-0946241
Document # : 254523

Dear Division of Corporations Representative:

I have enclosed your 1998 profit corporation annual report for the above referenced corporation along with check number 15325 for \$150 in full payment of the annual report and corporation supplemental fee. Please waive the \$400 late fee as the corporation never received the first notice from the Secretary of State. This corporation has always filed timely in the past and would have continued to do so had they properly received the initial notice. I appreciate your assistance in this matter. If you have any questions, please feel free to contact me.

Sincerely,

Spencer H. Weisman

Spencer H. Weisman, C.P.A.
Luciano Prida & Company, P.A.