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May 02 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 # 314620 (6)
 1. Corporation Name
COPY SERVICE INC



Principal Place of Business
C/O SAMUEL WEINBERG
420 LINCOLN ROAD #224
MIAMI BEACH FL 33139-0005

Mailing Address
C/O SAMUEL WEINBERG
420 LINCOLN ROAD #224
MIAMI BEACH FL 33139-3009

3. Date Incorporated or Qualified
03/10/1967

3a. Date of Last Report
05/01/1996

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number 59-1161816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required						
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					\$5.00 May Be Added to Fees						
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No											

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEINBERG, SAMUEL 420 LINCOLN ROAD #224 MIAMI BEACH FL 33139-0005				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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, SAMUEL	1B NAME	
STREET ADDRESS	420 LINCOLN ROAD	1B STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1A CITY-ST-ZIP	
TITLE	VPS	2A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, MARJORIE A	2B NAME	
STREET ADDRESS	420 LINCOLN RD.	2B STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2A CITY-ST-ZIP	
TITLE	D	3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, BETH	3B NAME	
STREET ADDRESS	420 LINCOLN ROAD	3B STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3A CITY-ST-ZIP	
TITLE		4A 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		5A 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		6A 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	

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 to this report.

SIGNATURE: *Samuel Weinberg* **SAMUEL WEINBERG** 4-25-97 (305) 537-0300

CR2E034 (9/96)