

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90020 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 314620

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 33139-0005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1967

4. FEI Number

59-1161816

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

2. Principal Place of Business

21 4140 N MERIDIAN AVE

Suite, Apt. #, etc.

22 #2

City & State

23 MIAMI BEACH, FL

Zip Country

24 33140

25

2a. Mailing Address

26 4140 N MERIDIAN AVE

Suite, Apt. #, etc.

27 #2

City & State

28 MIAMI BEACH, FL

Zip Country

29 33140

30

9. Name and Address of Current Registered Agent

WEINBERG, SAMUEL
420 LINCOLN ROAD #224
MIAMI BEACH FL 33139-0005

10. Name and Address of New Registered Agent

81 Name

WEINBERG, SAMUEL

82 Street Address (P.O. Box Number is Not Acceptable)

4140 N MERIDIAN AVE #2

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

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

TITLE **PT** ☒ DELETE

NAME **WEINBERG, SAMUEL**
STREET ADDRESS **420 LINCOLN ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VPS** ☒ DELETE

NAME **WEINBERG, MARJORIE A**
STREET ADDRESS **420 LINCOLN RD.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☒ DELETE

NAME **WEINBERG, BETH**
STREET ADDRESS **420 LINCOLN ROAD**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☒ Change ☐ Addition

1.2 NAME **WEINBERG, SAMUEL**
1.3 STREET ADDRESS **4140 N MERIDIAN AVE, #2**
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

2.1 TITLE **VPS** ☒ Change ☐ Addition

2.2 NAME **WEINBERG, MARJORIE A**
2.3 STREET ADDRESS **4140 N MERIDIAN AVE, #2**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **WEINBERG, BETH**
3.3 STREET ADDRESS **4140 N MERIDIAN AVE, #2**
3.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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:

Beth A. Weinberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-99 305 538 234

CR2E034 (1/1/98)