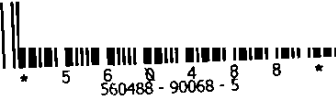
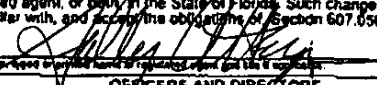


FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90045 029 ***150.00

FILL NOW. FILING FEE AFTER MAY 15 IS \$550.00.

PROFIT CORPORATION ANNUAL REPORT 1999 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F42081 1. Corporation Name <i>Crime: Copier II, Inc.</i>		 560488 - 90068 - 3	
Principal Place of Business <i>1050 NE 151 ST</i> <i>North Miami Beach FL 33162</i>		Mailing Address <i>1050 NE 151 ST</i> <i>North Miami Beach FL 33162</i>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		3. Date Incorporated or Qualified <i>08/28/81</i> 4. FEI Number <i>59-2130395</i> ☒ 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 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent <i>Heyman, Sally A</i> <i>1050 NE 151 ST</i> <i>North Miami Beach FL 33162</i>		9. Name and Address of New Registered Agent 91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 Zip Code	
10. 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 		SALLY A. HEYMAN 5-28-99	
OFFICERS AND DIRECTORS			
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP 11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP	
13. 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 registered agent 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 persons empowered.		SIGNATURE: 	

CR2E034 (11/98)

4-27-99 305
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