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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004795 (9)

COPIOUS, INC.

Principal Place of Business

g

Mailing Address

FILED Apr 01 1998 8:00am Secretary of State



% GERLAD KOHEN % GERLAD KOHEN 9342 LORENDALE CIRCLE 9342 LORENDALE CIRCLE DO NOT WRITE IN THIS SPACE SPRING HILL FL 34608 SPRING HILL FL 34608 3. Date Incorporated or Qualified 10/05/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 36-4020672 21 Suite Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country This corporation owes or has paid the current year Intangible Country Zip Personal Property Tax due June 30. ☐ Yes 24 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KOHEN, GERALD 9342 LORENDALE CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34608 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE **PCSD** 1.1 TITLE 1.2 NAME NAME KOHEN, GERALD R 9342 LORENDALE CIR. 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 34608 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 T(TLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition __ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

4.1. 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: Gradd Kohrn

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3/16/98 352-64-1713

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