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May 16 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 # F95876 (1)

1. Corporation Name

M G PHOTOCOPY OF PALM BEACH, INC.

Principal Place of Business

450 ANSIN BLVD.
STE. 5
HALLANDALE FL 33009

Mailing Address

280 SO. PARKWAY
GOLDEN BEACH FL 33160-2219
US



3. Date Incorporated or Qualified
08/31/1982

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

4. FEI Number
59-2225409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KASKY, ROBERT A.
2021 TYLER STREET
HOLLYWOOD FL 33022

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 607.1506, 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

T
NAME GOLDSTEIN, SHERRY
STREET ADDRESS 280 SOUTH PKWY
CITY-ST-ZIP GOLDEN BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33160-2219

SD
NAME GOLDSTEIN, MICHAEL D
STREET ADDRESS 280 SOUTH PKWY
CITY-ST-ZIP GOLDEN BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33160-2219

V
NAME CHESTER, DANIELLE
STREET ADDRESS 15 OLDHAM CRESENT
CITY-ST-ZIP BRAMPTON, ONT CAN 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

PD
NAME CHESTER, STEVEN M
STREET ADDRESS 15 OLDHAM CRESENT
CITY-ST-ZIP BRAMPTON, ONT CAN 00000

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. GOLDSTEIN 4-30-97 305-935-3344

Date

Daytime Phone #

0219858

CR2E034 (9/96)