

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006676 (8)  
1. Corporation Name  
KINKO'S ASSOCIATES, INC.

Principal Place of Business 255 W STANLEY AVE VENTURA CA 93002	Mailing Address STATE TAX RESOURCES GROUP 18006 SKYPA RK CIRCLE #201 IRVINE CA 92614
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 77-0442930	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVE TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	P/D
NAME	FREDERICKSON, DANIEL R	1.2 NAME	JOSEPH S. HARDIN, JR.
STREET ADDRESS	255 W STANLEY AVE	1.3 STREET ADDRESS	255 W. STANLEY AVE.
CITY-ST-ZIP	VENTURA CA 93002	1.4 CITY-ST-ZIP	VENTURA, CA 93002
TITLE	COO	2.1 TITLE	V
NAME	FREDERICKSON, DANIEL R	2.2 NAME	NEIL STEWART
STREET ADDRESS	255 W STANLEY AVE	2.3 STREET ADDRESS	255 W. STANLEY AVE.
CITY-ST-ZIP	VENTURA CA 93002	2.4 CITY-ST-ZIP	VENTURA, CA 93002
TITLE	DVS	3.1 TITLE	V/S
NAME	BLAKE, STUART B	3.2 NAME	STUART B. BLAKE
STREET ADDRESS	255 W STANLEY AVE	3.3 STREET ADDRESS	255 W. STANLEY AVE.
CITY-ST-ZIP	VENTURA CA 93002	3.4 CITY-ST-ZIP	VENTURA, CA 93002
TITLE	D	4.1 TITLE	
NAME	KRAUSE, BRADLEY W	4.2 NAME	
STREET ADDRESS	255 W STANLEY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENTURA CA 93002	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ORFALEA, PAUL J	5.2 NAME	
STREET ADDRESS	255 W STANLEY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENTURA CA 93002	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	TV
NAME	GIELOW, ROBERT	6.2 NAME	MARY PUND
STREET ADDRESS	255 W STANLEY AVE	6.3 STREET ADDRESS	255 W. STANLEY AVE.
CITY-ST-ZIP	VENTURA CA 93002	6.4 CITY-ST-ZIP	VENTURA, CA 93002

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.

SIGNATURE: \_\_\_\_\_ 4-14-98

CR2E034 (10/97)