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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G65854

(3)

COPY CONCEPTS, INC. Principa! Place of Business C/O JAMES STIGLICH 343 4TH AVE. SO. NAPLES FL 33940		Mailing Address C/O JAMES STIGLICH 843 4TH AVE. SO. NAPLES FL 34102-6320			
			•	 Date Incorporated or Qualified 10/21/1983 	3a. Date of Last Report 04/19/1996
. Principal Pl I	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt 4	#, ctc.	26		59-2326100	Not Applicab
L		27		5. Certificate of Status Desired	Fee Required
City & State L	:	City & State		6. Election Campaign Financing	\$5.00 May Be
l Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
L	9. Name and Address of Curr			10. Name and Address of New R	
	LICH, JAMES		81 Name		
	ATH AVE. SO.		82 Street A	ddress (P.O. Box Number is Not Accepta	ble)
NAPL	.ES FL 33940		83		· · · · · · · · · · · · · · · · · · ·
			63		
			84 City		FL 85 Zip Code
office or re agent. Lar	o the provisions of Sections 607.0 eg stered agent, or both, in the Sta ii familiar with, and accept the obl	502 and 607.1508, Florida Stat tle of Florida. Such change wa ligations of, Section 607.0505,	tutes, the above-named c is authorized by the corpo Florida Statutes.	corporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
IGNATURE :	Signature, lypical or printed name of registered i		IOTE: Registered Agent signature re	equired when reinstating)	DATE
IGNATURE 2,	Signature, lyped or proted name of registered in OFFICERS A	agent and the if applicable (N			DATE ICERS AND DIRECTORS IN 12
IGNATURE 2. ILE	Signature, lyned or preted name of registered in OFFICERS A CST STIGLICH, JAMES	agent and the if applicable (N	IOTE: Registered Agent signature re	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12
GNATURE 2. LE ME HELT ACCRESS	Stipulate: Typed or preted durine of registered. OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT	agent and the if applicable (N	IOTE: Rogistered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12
GNATURE E ME HEET ACORESS Y-ST, ZIP	Signature, lyned or preted name of registered in OFFICERS A CST STIGLICH, JAMES	agent and the if applicable (N NND DIRL CTORS DELETE	IOTE: Rogistered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Additi
GNATURE 2. LE ME HELLADDRESS IV-ST-ZIP RE	Signature typed or proted name of registered. OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL	agent and the if applicable (N	IOTE: Rogistered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Additi
GNATURE LE ME HELT ACORESS LY-ST-ZIP LE ME	Signature, typed or proted name of registered. OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT	agent and the if applicable (N NND DIRL CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Additi
GNATURE B. HE ME HELLADDRESS Y ST ZIP TE ME REFLADDRESS Y-SL-ZIP	Signature, typical or product name of registered. OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES	agent and the if applicable (NO DIRE CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Additi
GNATURE 2. H ME HELACORESS IY-ST-ZIP HE ME ME ME HELACORESS IY-ST-ZIP LE	OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL	agent and the if applicable (N NND DIRL CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	equired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change
GNATURE 2. ILE ME HELLADDRESS IV- ST. ZIP RE ME HEELADDRESS IV- SU- ZIP LE ME ME ME ME ME ME ME ME ME	OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD	agent and the if applicable (NO DIRE CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	equired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change
GNATURE 2. LE ME HELLADDESS LY-ST-ZIP RE ME HEELADDESS LY-SU-ZIP LE ME ME	OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL	agent and the if applicable (NO DIRE CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	equired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change
IGNATURE 2. THE MME THELLACORESS TY-SI-ZIP REF REFLADORESS TY-SI-ZIP THELLACORESS TY-SI-ZIP THELLACORESS TY-SI-ZIP	OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP	agent and the if applicable (NO DIRE CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
IGNATURE	OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL	agent and the filappleable (NO DIRE CTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
IGNATURE 2. ILE AME HELLADORESS IY-SL-ZIP ILE AME	CST CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL 1621 COMMERCE AVE. N.	agent and the filappleable (NO DIRE CTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE	equired when reinstating)	DATE ICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition
CONATURE 2. LLE MME HELLACORESS LY-ST-ZIP RE MME HELLACORESS LY-ST-ZIP LLE MME HELLACORESS LY-ST-ZIP	OFFICERS A CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL	agent and the of applicable (NO DIRE CTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	equired when reinstating)	DATE CERS AND DIRECTORS IN 12
IGNATURE 2. ILE MME HELLACORESS IN-ST-ZIP RE MME HELLACORESS IN-ST-ZIP RE ILE MME HELLACORESS IN-ST-ZIP	CST CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL 1621 COMMERCE AVE. N.	agent and the filappleable (NO DIRE CTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	equired when reinstating)	DATE CERS AND DIRECTORS IN 12
IGNATURE 2. ILLE MME HELLACORESS IN-ST-ZIP RE MME HELLACORESS IN-ST-ZIP RE ILLE MME	CST CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL 1621 COMMERCE AVE. N.	agent and the of applicable (NO DIRE CTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	equired when reinstating)	DATE CERS AND DIRECTORS IN 12
CONATURE 2. THE MANE FEET ADDRESS TY-ST-ZIP THE MANE TEET ADDRESS TY-ST-ZIP THE MANE THE TADDRESS TY-ST-ZIP THE TADDRESS TY-ST-ZIP THE TADDRESS TY-ST-ZIP THE TADDRESS	CST CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL 1621 COMMERCE AVE. N.	agent and the of applicable (NO DIRE CTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	equired when reinstating)	DATE CERS AND DIRECTORS IN 12
IGNATURE 2. ILE AME HELLADDRESS IY-SL-ZIP RE HELLADDRESS IY-SL-ZIP ILE AME HELLADDRESS IY-SL-ZIP ILE AME HELLADDRESS IY-SL-ZIP ILE ILE IX-SL-ZIP ILE IX-SL-ZIP IX-SL-ZIP IX-SL-ZIP IX-SL-ZIP IX-SL-ZIP	CST CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL 1621 COMMERCE AVE. N.	agent and the of applicable (NO DIRE CTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	equired when reinstating)	DATE CERS AND DIRECTORS IN 12
CONATURE 2. ILL MME FEEL ADDRESS IY-SI-ZIP RE MME MEEL ADDRESS IY-SI-ZIP ILL MME REEL ADDRESS IY-SI-ZIP	CST CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL 1621 COMMERCE AVE. N.	agent and the if applicable (NO DIRE CTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	equired when reinstating)	DATE
IGNATURE 2. ILE MME HELLACORESS IY-SI-ZIP REHAME REELADDRESS IY-SI-ZIP ILE MME REELADDRESS IY-SI-ZIP	CST CST STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL D STIGLICH, JAMES 3705 STONERIDGE CT FORT MYERS FL P HICKOX, RONALD 11220-3 METRO PWY FT MYERS FL VP GOULD MICHAEL 1621 COMMERCE AVE. N.	agent and the if applicable (NO DIRE CTORS DELETE DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	equired when reinstating)	DATE

2-14-97 (94) 261-8440

FILED

Feb 28 1997 8:00am

Secretary of State