

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K06036 (3)
1. Corporation Name
ORIGINAL COPY SUPPLIES, INC.



Principal Place of Business
**270 BUSINESS PARKWAY #5 & 6
ROYAL PALM BCH. FL 33411**

Mailing Address
**270 BUSINESS PARKWAY #5 & 6
ROYAL PALM BCH. FL 33411**

3. Date Incorporated or Qualified
12/09/1987

3a. Date of Last Report
02/21/1995

4. FEI Number
65-0016636

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**

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**ROSENTHAL, MARC
270 BUSINESS PKWY
STE 5 AND 6
ROYAL PALM BCH FL 33411**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, JANET A.	
STREET ADDRESS	13805 GREENTREE TRAIL	
CITY- ST- ZIP	WELLINGTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, MARC	
STREET ADDRESS	13805 GREENTREE TRAIL	
CITY- ST- ZIP	WELLINGTON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, JANET	
STREET ADDRESS	13805 GREENTREE TRAIL	
CITY- ST- ZIP	WELLINGTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, JANET	
STREET ADDRESS	13805 GREENTREE TRAIL	
CITY- ST- ZIP	WELLINGTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, MURIEL	
STREET ADDRESS	13582 COLUMBINE AVE	
CITY- ST- ZIP	WELLINGTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Martha Rosenthal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date

Daytime Phone #

CR2E034 (12/95)