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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1000

FILED
Jan 22 1998 8:00am
Secretary of State

<u> </u>	1990	5.1100101	CON CHANGING	J Secretary (n State
DOCU 1. Corporatio	MENT # L16644	(1)			
PAC &	COPY PLUS, INC.				
				I PROVINCIA DE CIDAR DIRIGIDADE DI DICE DI DE CONTRA DI CONTRA DI CONTRA DI CONTRA DI CONTRA DI CONTRA DI CONT	FR BUBBL BUBBL BUBBL MUDAL LAND
Principal Plac	e of Business	Mailing Address			
	MARY BLVD.	3801 W LAKE MARY BL	LVD		
SUITE 119 LAKE MARY	FI 22746	SUITE 119 LAKE MARY FL 32746		DO NOT WRITE IN THIS	SPACE
US	16 02140	US		3. Date Incorporated or Qualified	
İ				09/15/1989	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	dt aka	26		59-2970689	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	θ	City & State		6. Election Campaign Financing	
23	~	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
ļ	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	CLEANOS, DEAN P.		81 Name		
	W GREENTREE LANE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
LAI	KE MARY FL 32746		83		
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named corpo		
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607.0505, Fl	authorized by the corporation	oration submits this statement for the purpose on's board of directors, I hereby accept the ap	pointment as registered
SIGNATURE					·
	Signature, typed or printed name of registered agent		TE. Registered Agent signature requires		D DIDECTORS IN LEA
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	IRACLEANOS, DEAN P.		1.2 NAME		
STREET ADDRESS	130 W GREENTREE LANE		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IRACLEANOS, CARYL S.		2.2 NAME	•	
STREET ADDRESS	130 W GREENTREE LANE		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP		2.02 0000000000000000000000000000000000	6.4 CITY-ST-ZIP	1 11 VII 11 VIII VIII 11 VIII 11 VIII 11 VIII 11 VIII V	

I hereby certify that the information supplied with this filling 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 copyolation 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.