PROFIT CORPORATION ANNUAL REPORT

1999

COPY-TECH, INCORPORATED

DOCUMENT #

1. Corporation Name



M82016

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90019 048 ***150.00

Principal Place of Business Mailing Address						1 19916011 (\$) 10118 11011 40101 (1910 UII	ii W18ii W19i		Diği) alaşı tabı
3814 EXCHANGE AVENUE NAPLES FL 34104		3814 EXCHANGE AVENUE NAPLES FL 34104					D. 05		
US		US	US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
		1				05/23/1988 4. FEI Number		A-	pplied For
2. Principal P	lace of Business	2a. Mailing Addres	SS					·	ot Applicable
Suite, Apt.	# ata	26 Suite, Apt. #, 6	etc			65-0054538			Additional
22 Suite, Apt.	#, etc.	27	J.G.			5. Certificate of Status Desired		•	equired
City & State	e	City & State				6. Election Campaign Financing		~\$5:00	маў Ве
23	•	28		-		Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country 25	Zip 29	30	Country		This corporation owes the current y Personal Property Tax.		gible ⊒Yes	□No
24	9. Name and Address of Curren		[30]	\neg		10. Name and Address of New Regis	stered Ag	jent	
 _	5. Name and Address of Content	, , , og , o, o		81	Name				
MUR	rphy, Henry H.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
3417	OKEECHOBEE ST.			02	Street Addi	ess (F.O. Box Number is Not Acceptable)			
	I BONITA BEACH RD., S.E.			83					
NAP	LES FL 33962			84	City			85 Zip	Code
,	<u></u>				'		<u>FL</u>		distored
office or c	enictored agent or both in the State i	of Fiorida, Such change	e was aumor	izeu uv	the corporation	oration submits this statement for the purpon's board of directors. I hereby accept the	appointr	nent as re	egistered
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.05	505, Florida S	Statutes					
1									
SIGNATURE		s and title of popularities	(NOTE: Penis	tered Agen	nt signature require	d when reinstating) D	DATE		
	Signature, typed or printed name of registered ager		<u> </u>	itered Agen	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·	DIRECTO	
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CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: