

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000000019 (9)

1. Corporation Name
COPY SERVICE OF PORT CHARLOTTE INC.



Principal Place of Business: 23375 JANICE AVE. UNIT #9 CHARLOTTE HARBOR FL 33980
Mailing Address: 23375 JANICE AVE. UNIT #9 CHARLOTTE HARBOR FL 33980

3. Date Incorporated or Qualified: 10/27/1992
3a. Date of Last Report: 03/27/1995
4. FEI Number: 31-1365992
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 [] County: 25 []
2a. Mailing Address: 26 [] Suite, Apt. #, etc.: 27 [] City & State: 28 [] Zip: 29 [] County: 30 []

9. Name and Address of Current Registered Agent

SHERAN, MICHAEL D
12484 SW SHERI AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] FL 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 607.0705, Florida Statutes.

SIGNATURE: [] DATE: []

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
1. TITLE: P NAME: SHERAN, MICHAEL STREET ADDRESS: 12484 SW SHERI AVE CITY, ST, ZIP: LAKE SUZY FL	1. TITLE: [] 2. NAME: [] 3. STREET ADDRESS: [] 4. CITY, ST, ZIP: []
2. TITLE: D NAME: SHERAN, CHRISTINE STREET ADDRESS: 12484 SW SHERI AVE CITY, ST, ZIP: LAKE SUZY FL	5. TITLE: [] 6. NAME: [] 7. STREET ADDRESS: [] 8. CITY, ST, ZIP: []
3. TITLE: [] NAME: [] STREET ADDRESS: [] CITY, ST, ZIP: []	9. TITLE: [] 10. NAME: [] 11. STREET ADDRESS: [] 12. CITY, ST, ZIP: []
4. TITLE: [] NAME: [] STREET ADDRESS: [] CITY, ST, ZIP: []	13. TITLE: [] 14. NAME: [] 15. STREET ADDRESS: [] 16. CITY, ST, ZIP: []
5. TITLE: [] NAME: [] STREET ADDRESS: [] CITY, ST, ZIP: []	17. TITLE: [] 18. NAME: [] 19. STREET ADDRESS: [] 20. 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: *Christine C. Sheran*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTINE C. SHERAN

3-19-96 941-625
7789

CR2E034 (12/95)