

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 # P93000039362 (7)

1. Corporation Name:
PREMIUM COPY SERVICE, INC.



Principal Place of Business
P.O. BOX 6843
DELRAY BEACH FL 33484

Mailing Address
P.O. BOX 6843
DELRAY BEACH FL 33484

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

SILVERMAN, LENORE
5793-A JARRETT DR
BOYNTON BEACH FL 33437

3. Date of Incorporation or Qualification
05/27/1993

3a. Date of Last Report
02/27/1995

4. FET Number
65-0415235

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

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 607.05007 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 of Registered Agent (if not the same as the corporation)

Signature of Registered Agent (if not the same as the corporation)

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PD
SILVERMAN, LENORE
C/O 5793-A JARRETT DR
BOYNTON BEACH FL 33437

12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

12.6 TITLE
NAME
STREET ADDRESS
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 relative 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

401
738-2001
Debra Thomas

CR2E034 (12/95)