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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049311 (2)

COPIER DEPOT SYSTEMS, INC.

WE FL 33328

Principal Place of Business Mailing Address 3701 SW 47TH AVE 3701 SW 47TH AVE #101 FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 07/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0423263 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name APPLEBAUM, STEVEN 3701 SW 47TH AVE., #101 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33314 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 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed harrie of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Addition APPELBAUM <u>applebaum</u> steven NAME 1.2 NAME 144 NW 104TH TERR. STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE BOND, REID NAME 2.2 NAME 3862 E. BELL-OFF STREET ADDRESS 23 STREET ADDRESS

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City-St-ZiP

4.4 CITY-ST-ZIP

3.4. CITY - ST- ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4 2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

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 roport 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 occiver 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, of on an attachment with an address

SIGNATURE:

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

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NAME

Pres.

DELETE

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DELETE

4-28-98 (954

(954)316-8636

Change

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Addition

FILED

May 11 1998 8:00am

Secretary of State