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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29 1998 8:00am Secretary of State

	1990	55.50			
DOCUMENT # P9400041261 (6) BOB BAIRD PHOTO COPY, INC.					
				n nadalada ber konek alana adala barika bakik adala	ANDRA JARIR KARIA BANTA KAN ARDA
Principal Place of Business Malling Address				a realiest of 1860 from 8810 Asia 6610 estit	hiddt siftif thais aleat lift 1841
5661 S.W. 21ST ST. 5861 S.W. 21ST ST.			_		
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023				DO NOT WRITE IN THE	IS SPACE
1				3. Date Incorporated or Qualified	
				06/02/1994	
_	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc		26 Suite And Heate		59-1645553	Not Applicable
22] 27]			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
		of Current Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
OOD NE OODD ST					
	JITE 103		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	ORTH MIAMI BEACH FL 3	33180	83		
			84 City		85 Zip Code
			' '	· F	L
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.					
agent la	am familiar with, and accept t	the obligations of Section 607.0505, F	Florida Statutes.	another board of anothers. Thereby decept pro-d	ppolitimoni as registeres
SIGNATURE				ired when reinstelling) DATE	
12.	Signatura, typed or printed name of re OFFIC	CERS AND DIRECTORS	OTE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	BAIRD, BOB	_	1.2 NAME		
STREET ADDRESS	% 5861 S.W. 21ST S		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 330		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change
NAME OTDECT + DODESS			22 NAME		
STREET ADORESS CITY-ST-ZIP]		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		_	3.2 NAME		
STREET ADDRESS	ļ		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		,
STREET ADDRESS	į		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		in with	5.2 NAME		Orange Monthly
STREET ADDRESS			5.3 STREET ADDRESS		
CfTY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	İ		6.3 STREET ADDRESS	•	
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		
I 14. I hereby	certify that the information su	ipplied with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the Information

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 trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes prior on an attack yent with an address.

SIGNATURE:

4/24/98

(954)962-5929