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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

1/3/97
NC

DOCUMENT # P94000053115 (9)
1. Corporation Name
~~DR. DAVE THE HOUSE DOCTOR, INC.~~
Discount Copier Outlet Corporation Filed 4/3/97



Principal Place of Business: 1684 GYPRESS AVENUE SUITE 8-14 MELBOURNE FL 32935
Mailing Address: 4000 WEBER ROAD SUITE 8-14 VALKARIA FL 32950-3915 US

3. Date Incorporated or Qualified: 07/19/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3255205
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: 21 620 Virginia Drive
2a. Mailing Address: 26 620 Virginia Drive
22. City & State: 23 Orlando, FL 32803
24. 32803 25. Orange 27. City & State: 28 Orlando, FL 32803
29. 32803 30. Orange

9. Name and Address of Current Registered Agent: NOHRR, DONALD A. ESQ. 1800 W. HIBISCUS BLVD. SUITE 138 MELBOURNE FL 32901

10. Name and Address of New Registered Agent: 81 Name: Roni A. Moll
82 Street Address (P.O. Box Number is Not Acceptable): 620 Virginia Drive
84 City: Orlando, FL 85 Zip Code: 32803

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: Roni A. Moll Vice President DATE: 4/11/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOLL, DAVID L	
STREET ADDRESS	4000 WEBER RD	
CITY-ST-ZIP	VALKARIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP Moll, Roni A.	
1.3 STREET ADDRESS	4000 Weber Road	
1.4 CITY-ST-ZIP	Valkaria, FL 32950	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	300002147089	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/17/97--01101--037	
6.3 STREET ADDRESS	***165.00	
6.4 CITY-ST-ZIP		

14. I do 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.
SIGNATURE: Roni A. Moll Vice President DATE: 4/11/97 DAYLIFE PHONE: 407 894-0231

CRSE034 (9/96)

4/17/97