

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 11 AM 10:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000058354 (9)

1. Corporation Name

EXCLUSIVE COPY CORPORATION, INC.

Principal Place of Business

Mailing Address

18701 S FEDERAL HWY
 JUPITER FL 33469

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 JUPITER FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/06/1994** 3a. Date of Last Report

4. FEI Number **65-0510061** 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

2. Principal Place of Business
 21 **1100 NW 53RD STREET**

2a. Mailing Address
 26 **SAME**

Suite, Apt. #, etc.
 22 **SUITE 6**

Suite, Apt. #, etc.
 27

City & State
 23 **FORT LAUDERDALE, FL**

City & State
 20

Zip
 24 **33309**

Country
 25 **USA**

Zip
 29

Country
 30

9. Name and Address of Current Registered Agent
EDWARD J KONE PA
4400 N FEDERAL HWY SUITE 301
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAPELLA, LORI
STREET ADDRESS	18701 S FEDERAL HWY
CITY - ST - ZIP	JUPITER FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABBATE, ANTHONY J.	
1.3 STREET ADDRESS	1100 NW 53RD STREET #6	
1.4 CITY - ST - ZIP	FORT LAUDERDALE, FL 33309	
2.1 TITLE	PLEASE NOTE!	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LORI RAPELLA IS NO LONGER	
2.3 STREET ADDRESS	THE DIRECTOR NOR AN OFFICER	
2.4 CITY - ST - ZIP	OF EXCLUSIVE COPY.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Anthony J. Abbate **6/30/95** **305-489-0951**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CR2E004 (3/95)