

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 # P94000076189 (7)

1. Corporation Name

COPY CAT CORNER, INC.



Principal Place of Business

12860 TREELINE COURT
NORTH FORT MYERS FL 33903

Mailing Address

12860 TREELINE COURT
NORTH FORT MYERS FL 33903

3. Date Incorporated or Qualified
10/14/1994

3a. Date of Last Report
05/01/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMILEY, RITA E

12860 TREELINE COURT
NORTH FORT MYERS FL 33903

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 607.0502 and 607.1505, 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 is 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 Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

D

SMILEY, RITA E
12860 TREELINE COURT
NORTH FORT MYERS FL 33903

DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.2

NAME

D

SMILEY, DONALD V
12860 TREELINE COURT
NORTH FORT MYERS FL 33903

DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.3

NAME

DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.4

NAME

DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.5

NAME

DELETE

STREET ADDRESS

CITY-STATE-ZIP

12.6

NAME

DELETE

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

Change

Addition

13.2

STREET ADDRESS

13.3

NAME

Change

Addition

13.4

STREET ADDRESS

13.5

NAME

Change

Addition

13.6

STREET ADDRESS

13.7

NAME

Change

Addition

13.8

STREET ADDRESS

13.9

NAME

Change

Addition

13.10

STREET ADDRESS

13.11

NAME

Change

Addition

13.12

STREET ADDRESS

13.13

NAME

Change

Addition

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 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:

Rita E. Smiley, President.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 9416560770

CR2E034 (12/95)