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May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P95000048995 (1)**

1. Corporation Name
COPYSCAN, INC.

Principal Place of Business	Mailing Address
212 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 US	212 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/19/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **65-0620776**	☐ Applied For ☐ Not Applicable
21 33 NE 2nd Street	26 33 NE 2nd Street		
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27 100	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Fort Lauderdale, FL	City & State 28 Fort Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33301 / 25 USA	Zip / Country 29 33301 / 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOKOL, ANDREW 212 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 33 NE 2nd Street 83 Suite 100 84 City: Fort Lauderdale **FL** 85 Zip Code: 33301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOKOL, ANDREW 10445 S.W.154TH COURT #5 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 13975 SW 100 Ave Miami FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST SOKOL, JEREMY 10515 SW 154 COURT #5 MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 16402 Sapphire Street Weston, FL 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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 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: [signature] 5/1/98 (954)463-9394