

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000078729 (7)

1. Corporation Name
JACKSONVILLE COPY RIGHT, INC.



Principal Place of Business 5625 ARLINGTON RD. JACKSONVILLE FL 32211	Mailing Address 5625 ARLINGTON RD. JACKSONVILLE FL 32211-5255
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3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 08/05/1996
4. FEI Number 59-3334086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. JACKSONVILLE COPY RIGHT, INC. Suite, Apt. #, etc.	21. SAME Suite, Apt. #, etc.
22. 5625 ARLINGTON RD City & State	22. SAME City & State
23. JACKSONVILLE, FL Zip	23. 32211 Country
24. 32211	25. DUVAL
29. 32211	30. DUVAL

9. Name and Address of Current Registered Agent

WRIGHT, FREDERICK M
5625 ARLINGTON RD.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change
NAME	WRIGHT, FREDERICK M	1.2 NAME	Wright, MARIE
STREET ADDRESS	5625 ARLINGTON RD.	1.3 STREET ADDRESS	5625 ARLINGTON Rd
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VP	2.1 TITLE	Change
NAME	WRIGHT, MARK	2.2 NAME	Wright, Frederick
STREET ADDRESS	5625 ARLINGTON ROAD	2.3 STREET ADDRESS	5625 Arlington Rd
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	ST	3.1 TITLE	Change
NAME	WRIGHT, MARIE	3.2 NAME	Wright Mark
STREET ADDRESS	5625 ARLINGTON ROAD	3.3 STREET ADDRESS	5625 ARLINGTON Rd
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *x Marie Wright Marie Wright 11-24-97 904-715-9991*

CR2E034 (9/96)