


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

FILED
May 18 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P96000029519 (1) 1. Corporation Name KOPY KAT INTERNATIONAL, INC. | | |



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| Principal Place of Business 3475 SHERIDAN ST STE 301 HOLLYWOOD FL 33021 US | Mailing Address 3475 SHERIDAN ST STE 301 HOLLYWOOD FL 33021 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 11537 NW 3rd Place Suite, Apt. #, etc. 22 City & State 23 Coral Springs FL Zip Country 24 33071 25 U.S. | | 2a. Mailing Address 26 11537 NW 3rd Place Suite, Apt. #, etc. 27 City & State 28 Coral Springs FL Zip Country 29 33071 30 33071 | | 3. Date Incorporated or Qualified 04/04/1996 4. FEI Number 65-0674369 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent WEISER, HOWARD 8632 NW 54 STREET CORAL SPRINGS FL 33087 | 10. Name and Address of New Registered Agent 81 Name Barry M Weinberg 82 Street Address (P.O. Box Number is Not Acceptable) 11537 NW 3rd Place 83 84 City Coral Springs FL 85 Zip Code 33071 |
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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 *Barry M. Weinberg* DATE **4/30/98**
Signature, by date, printed name of registered agent, and file if applicable. NOTE: Registered Agent signature required when registering.

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE DP <input type="checkbox"/> DELETE NAME WEINBERG, BARRY M STREET ADDRESS 3320 PINEWALK DR NORTH #1717 CITY-ST-ZIP MARGATE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE DPT 1.2 NAME Weinberg, Barry M. 1.3 STREET ADDRESS 11537 NW 3rd Place 1.4 CITY-ST-ZIP Coral Springs FL 33071 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DV <input checked="" type="checkbox"/> DELETE NAME WEISER, HOWARD STREET ADDRESS 8632 NW 54 STREET CITY-ST-ZIP CORAL SPRINGS FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 2.1 TITLE DVS 2.2 NAME Weinberg, Gilda A 2.3 STREET ADDRESS 11537 NW 3rd Place 2.4 CITY-ST-ZIP Coral Springs FL 33071 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE DVST <input checked="" type="checkbox"/> DELETE NAME SIMON, SAMUEL J STREET ADDRESS 17077 NW 16 STREET CITY-ST-ZIP PEMBROKE PINES FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

CR2E034 (10/97)