

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 AUG 26 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033804 (1)

1. Corporation Name
COPIES UNLIMITED, INC.

Principal Place of Business 1905 S. BABCOCK STREET MELBOURNE FL 32901	Mailing Address 1905 S. BABCOCK STREET MELBOURNE FL 32901
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2. Principal Place of Business 21 211 W HEBISCUS BLVD Suite, Apt. #, etc. 22 City & State 23 MELBOURNE, FL Zip 24 32901 Country 25 BREVARD	2a. Mailing Address 26 211 W HEBISCUS BLVD Suite, Apt. #, etc. 27 City & State 28 MELBOURNE, FL 32901 Zip 29 32901 Country 30 BREVARD
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3. Date Incorporated or Qualified 04/15/1996	3a. Date of Last Report
4. FEI Number 59-3382683	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GIANNACCO, ELAINE 1905 S. BABCOCK STREET MELBOURNE FL 32901	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	211 W HEBISCUS BLVD
83	MELBOURNE
84 City	FL
85 Zip Code	32901

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] DATE 8/14/97
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNACO, ELAINE	1.2 NAME	
STREET ADDRESS	545 WESTMINSTER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNACO, PATRICK	2.2 NAME	
STREET ADDRESS	545 WESTMINSTER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 [Signature] DATE 8/14/97
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)

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COPIES UNLIMITED, INC
211 W HIBISCUS BLVD
MELBOURNE, FL. 32901-3019

Aug 14, 1997

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

Please find enclosed a check in the amount of \$165.00 along with our 1997 ANNUAL REPORT. As I explained per my conversation with Doug at your office, we never received the original copy of this report. Thus, we are mailing you this **second notice**, and ask that you please waive the late fee, since we never received the first notice.

Thank You,


Elaine Giannacco