

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000011740

Corporation Name  
ENT-A-COPY, INC.

Principal Place of Business

E-41-CT  
POMPA BEACH FL 33064

Mailing Address

273 NE 41 CT  
POMPA BEACH FL 33064

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90001 001 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6005 NW 69 AVE  
Suite, Apt. #, etc.

City & State

Tamarac, FL 33321  
33321 25 Broward

2a. Mailing Address

26 6005 NW 69 AVE  
Suite, Apt. #, etc.

27 City & State

28 Tamarac Florida  
29 33321 30 Broward

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

65-0741852

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

GERMAN, MARIO D  
2101 W COMMERCIAL BLVD, SUITE 3300  
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 607.0502, Florida Statutes.

NATURE Manuel Almeida  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/2/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D  
ALMEIDA, MANUEL  
273 NE 41 CT  
POMPA BEACH FL 33064  
[X] DELETE

O  
[X] DELETE

O  
Almeida, Manuel  
6005 NW 69 AVE  
Tamarac, FL 33321  
[X] DELETE

[X] DELETE

[X] DELETE

[X] DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition

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: Manuel Almeida 9/2/99 954-610-9027

CR2E034 (5/99)