

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000015065 (0)

1. Corporation Name

FIRE OF DUPLICATE, INC.

Principal Place of Business

3010 W BARCELONA AVE  
TAMPA FL 33629

Mailing Address

3010 W BARCELONA AVE  
TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3010 W. BARCELONA ST		26		02/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3412300	
City & State		City & State		Applied For	
23 Tampa FL		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33629		30		8.75 Additional Fee Required	
p. Name and Address of Current Registered Agent				8. Election Campaign Financing	
WEEKES, MARGARET				Trust Fund Contribution	
3010 W BARCELONA AVE				8. This corporation owes or has paid the current year Intangible	
TAMPA FL 33629				Personal Property Tax due June 30.	
10. Name and Address of New Registered Agent				9. Yes No	
81 Name				10. Name and Address of New Registered Agent	
82 Street Address (P.O. Box Number is Not Acceptable)				10. Name and Address of New Registered Agent	
83				10. Name and Address of New Registered Agent	
84 City				10. Name and Address of New Registered Agent	
FL				10. Name and Address of New Registered Agent	
85 Zip Code				10. Name and Address of New Registered Agent	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	1.1 TITLE	
NAME	MARGARET WEEKES	1.2 NAME	
STREET ADDRESS	3010 W. BARCELONA ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33629	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: M. Weekes MARGARET WEEKES 3/17/98 813-831-4659

CR2E034 (10/97)