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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P97000018509 (4)

JUST COPY, INC.

rincipal Place of	Business	Mailing

FILED May 28 1998 8:00am Secretary of State



Address 3000 HIGH RIDGE ROAD 3000 HIGH RIDGE ROAD DO NOT WRITE IN THIS SPACE **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 3. Date Incorporated or Qualified 02/27/1997 2. Principal Place of Business 21 JUST COPY INC 2a. Mailing Address 26 JUST COPYINC FEI Number Applied For 650733661 Not Applicable Sulte, Apt. #, etc. 5576. BOYGTON PL. CIN \$8.75 Additional 5576. BOYNTON PL. Lin 5. Certificate of Status Desired Fee Required BOYATON BEACH 6. Election Campaign Financing \$5.00 May Be BOYSTO 4 BEACH Added to Fees Trust Fund Contribution Country Country This corporation owes or has paid the current year Intangible 25 PALM BEACK 29 FL-33437 30 PALM BCH. Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHMIDT, DAVID W 100 N.E. FIFTH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 City Zip Code 11, Pursuant to the provisions of Sections 607.050? 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELLETE HAROON SARKER TITLE 11 TITLE HAROON, SARKER NAME 1.2 NAME 5576, BOY4TO4 PLICIT 3000 HIGH RIDGE ROAD, BAY 16 STREET ADORESS 1.3 STREET ADDRESS BOY4TO4 BCH. FL- 33437 **BOYNTON BEACH FL 33426** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-ST-7IP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITL€ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 City - ST - ZiP

14. Thereby certify that the information supplied with this filling 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.

SARKER HANGUZ