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

FILED May 11 1998 8:00am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1000 DIVISION OF CORPORATIONS

	1330			
DOCUMENT # P97000032230 (9) SOUTHERN COPIER & FAX, INC.				
Principal Place	e of Business	Mailing Address	 	
7094 EASTER ST. 7094 EASTER ST.				
WINTER PARK FL 32792 WINTER PARK FL 32792				DO NOT WOITE IN THIS COACE
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
				04/09/1997
2. Principal Pt	face of Business	2a. Mailing Address		4, FEI Number Applied For
21		26		39-3443355 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 Service 25 Common		90	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LABBIA AND STATES 81 Name 10. Name 20. Name				
Mike Hamila				
ORLANDO FL 32807			82 Street A	garess (P.O. Box Number is Not Acceptable)
-			83	
			84 City	85 Zip Code
1 1 (3) (4)				10 NO PL 132807
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 age	ent and title if applicable (NOTE	TGM (G) Hegislered Agent signature r	equired when reinstating) DATE
12.	······································	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DOTTI FILLIN I LANGE C	☐ DELETE	1.1 TITLE	Change Addition
NAME	BOTTLEMAN, JAMES 7034 EASTER ST.		1.2 NAME	BottelmaniJames
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL 32792		1.3 STREET ADDRESS : 1.4 City - St - Zip	7034 Easter Sti Winter Park, FL 32792
TITLE	***************************************	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		D perses	2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME Street address			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		D be ste	4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	and it that the infer the the	all phile films where 1 1 - 2	64 CITY-ST-ZIP	Lis Contine 110 07(0V) Florida Otables 11 Process 11 Process 11
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 supplimental 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.				