

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

APPROVED
AND
FILED

98 OCT 19 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104920 (8)

1. Corporation Name
COPYROX, INC.

Principal Place of Business
658 S MILITARY TRIAL
DEERIFELD BEACH FL 33442

Mailing Address
658 S MILITARY TRIAL
DEERIFELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEIN Number 65-0806092	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent TRINKOFF, ARNOLD S 3220 HOLIDAY SPRINGS BLVD MARGATE FL 33063		10. Name and Address of New Registered Agent	
B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City		

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		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		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: _____ DATE: 4/19/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COPYROX, INC.

2301 NW 33rd Court , Suite 109

Pompano Beach, FL 33069

Tel: 954-977-0511

Fax: 954-725-8780

FEA ID # 65-0806092

September, 29 1998

Florida Department Of State
Division of Corporations
Fiscal Office P.O. Box 6327
Tallahassee, FL 32314
Fax: 850-487-6015
Attn: Deborah Lollie

Dear Mrs. Lollie,

In response to your short note, please be advised that there was no intent for Copyrox, Inc. to be dissolved for non payment of corporation annual report.

The annual corporation filing report was mailed timely with a check for \$150.00, however the check issued was returned for insufficient funds. Shortly after filling the report a serious personal problem affected my well being. My wife suffered her 3rd stroke, which was touch and go and caused me to have a heart condition due to stress.

Apparently I was unaware that no replacement check was issued or sent to your office for Copyrox, Inc. After many weeks of being absent from my office and upon my return, your letter was brought to my attention.

Unfortunately, due to the severity of my wife's condition and home health care is needed, my time spent at my place of business is limited.

Therefore with your kind consideration and understanding, I do hope that this matter can readily be resolved.

Very Truly Yours

Arnold S. Trinkoff