

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90003 038 ***150.00

DOCUMENT # P98000063755

1. Corporation Name
COPYTRAK, INC.



Principal Place of Business

**1600 WEST OAKLAND PARK BLVD.
SUITE 200
FORT LAUDERDALE FL 33311**

Mailing Address

**1600 WEST OAKLAND PARK BLVD.
SUITE 200
FORT LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

65-0851350

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1600 W. Oakland Park Blvd.

2a. Mailing Address

26 1600 W. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Fort Lauderdale, Fl.

City & State

28 Fort Lauderdale, Fl

Zip

24 33311

Country

25 USA

Zip

29 33311

Country

30 USA

9. Name and Address of Current Registered Agent

**MARSHALL, MARY ELLEN
1600 WEST OAKLAND PARK BLVD.
SUITE ~~200~~ 100
FORT LAUDERDALE FL 33311**

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

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

TITLE ☐ DELETE

**NAME
MARSHALL, MARY ELLEN
STREET ADDRESS
1600 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP
FORT LAUDERDALE FL 33311**

TITLE ☐ DELETE

**NAME
MARSHALL, CHRISTOPHER
STREET ADDRESS
1600 WEST OAKLAND PARK BLVD.
CITY-ST-ZIP
FORT LAUDERDALE FL 33311**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

(954) 485-5733 Ext.

Daytime Phone #

102

CR2E034 (11/98)