

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90115 020 ***158.75

DOCUMENT # P98000103699

1. Corporation Name
COPIER SYSTEMS, INC.



Principal Place of Business

Mailing Address

4061 S.W. 47TH AVE.
FT. LAUDERDALE FL 33314

4061 S.W. 47TH AVE.
FT. LAUDERDALE FL 33314

2825 Business Center Blvd Suite A-3
Melbourne, FL 32940

686 Ross Moor Circle
Melbourne, FL 32940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1998

2. Principal Place of Business

2a. Mailing Address

21 2825 Bus. Center Blvd

26 686 Ross Moor Circle

4. FEI Number

59-3546444

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A-3

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

City & State

23 Melbourne, FL

City & State

28 Melbourne, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

24 32940

Country

25 BREVARD

Zip

29 32940

Country

30 BREVARD

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, MITCHELL S
96 WILLARD ST., S-302
COCOA FL 32922

81 Name

GALE, RUSSELL

82 Street Address (P.O. Box Number is Not Acceptable)

686 ROSS MOOR Circle

83

84

City

Melbourne

FL

85

Zip Code

32940

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 *Gale Russell*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME
RUSSELL, JIM
STREET ADDRESS
4061 S.W. 47TH AVE.
CITY-ST-ZIP
FT. LAUDERDALE FL 33314

1.1 TITLE

V.P.

☒ Change

☐ Addition

1.2 NAME

RUSSELL, Jim

1.3 STREET ADDRESS

686 ROSS MOOR Circle

1.4 CITY-ST-ZIP

Melbourne, FL 32940

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

P. RUSSELL, GALE

☐ Change

☒ Addition

2.2 NAME

686 ROSS MOOR Circle

2.3 STREET ADDRESS

Melbourne, FL 32940

2.4 CITY-ST-ZIP

Melbourne, FL 32940

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
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: *Gale Russell* REQUIRED

3/18/99

407-259-4868

CR2E034 (11/98)