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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S06746 (9)

1. Corporation Name  
COPIES TOMORROW OF CHICAGO, INC.



Principal Place of Business  
1748 INDEPENDENCE BLVD  
SUITE G-6  
SARASOTA FL 34234

Mailing Address  
1748 INDEPENDENCE BLVD  
SUITE G-6  
SARASOTA FL 34234-2154

3. Date Incorporated or Qualified  
10/15/1990

3a. Date of Last Report  
06/21/1996

2. Principal Place of Business  
21 320 Howard Street  
Suite, Apt. #, etc.  
22  
City & State  
23 Des Plaines, ILL.  
Zip  
24 60018  
Country  
25 Cook

2a. Mailing Address  
26 4152 Independence Ct  
Suite, Apt. #, etc.  
27 Suite C4  
City & State  
28 Sarasota, Fla  
Zip  
29 34234  
Country  
30 Sarasota

4. FEI Number  
65-0232095

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIANSEN, DEHNER & WATTS, P.A.  
2975 BEE RIDGE RD  
STE C  
SARASOTA FL 34239

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	HARTNETT, VALERIEJEAN M	8010 41ST AVE E	BRADENTON FL	<input type="checkbox"/>
VP	HARTNETT, JOHN P	8010 41ST AVE E	BRADENTON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: Valeriejean M Hartnett 4/1/97 041-251-2512

CR2E034 (9/96)