## 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

## **DOCUMENT # \$19285**

1. Corporation Name

COPY FAST, INC.

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90195 020 \*\*\*150.00



Principal Place of Business Mailing Address							
10451 66TH STREET NORTH 10451 66TH STREET NORTH							
PINELLAS PARK FL 34666 PINELLAS PARK FL 34666					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	7017102	
		,			12/18/1990		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	- Ap	plied For
<u> </u>					59-3040897	<u> </u>	t Applicable
21						\$8.75 A	Additional
22 27			<u> </u>		5 - Certificate of Status Desired	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added t	•
Zip			Country		8. This corporation owes the current year In	tangible	_
24	25	29 30	]		Personal Property Tax.		IN <sub>0</sub>
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
	OT: 100EDI 1 15		81	Name			
SOROTA, JOSEPH J., JR.				Street Add	ress (P.O. Box Number is Not Acceptable)		
28050 US HIGHWAY 19 NORTH			82				
SUITE 501			83				
CLEARWATER FL 34621			84	City		85 Zip (	Code
			64	City	Fl	_	J000
agent. i a	m familiar with, and accept the obligation of registered ager				ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		,	☐ Change	☐ Addition
NAME	IOMMEL, RICHARD E. 12.		1.2 NAME				
STREET ADORESS	10451 66TH STREET NORTH		1.3 STREE	TADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP				_
TITLE		☐ DÉLETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME	}			
STREET ADDRESS		ے بیر <sub>در ا</sub> ی ایک ایک ایک ایک ایک ایک ایک ایک ایک ای	2.3 STREE	TADDRESS			
CITY-ST-ZIP		,	2. 4 CITY-5	ST-ZÎP	•		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREE	TADDRESS			
CITY-ST-ZIP	•		3.4. CITY-8				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition Addition
NAME	· `		4. 2 NAME	Ì			
STREET ADDRESS	1			TADDRESS			
CITY-ST-ZIP			4,4 CITY-S				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME	-	_	5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS	`		
CULTIC MUDICESS	1			1			

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 granged, or on an attachment with an address, with all other like empowered.

5.4 CiTY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: /

Ç 4.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

727-546-2408

☐ Change

■ Addition