

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90064 048 ***150.00

DOCUMENT # 131836
Corporation Name
COPIES TOMORROW OF *New York, INC.*

Principal Place of Business
*480 Canal St Rm 603
New York, NY 10013*

Mailing Address
4152 INDEPENDENCE CT
STE C-4
SARASOTA FL 34234
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/27/1992

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0337569	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	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	34240
83. Ste 107	
84. City Sarasota	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	JOHN HARTNETT	1.2 NAME	
STREET ADDRESS	8010 41ST AVE., E	1.3 STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON FL	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	
NAME	VALERIEJEAN HARTNETT	2.2 NAME	
STREET ADDRESS	8010 41ST AVE., E	2.3 STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON-FL	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	
NAME	VALERIEJEAN HARTNETT	3.2 NAME	
STREET ADDRESS	8010 41ST AVE., E	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BRADENTON FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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

Valeriejean M. Hartnett 4/27/99

212-966-1158