

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V32369

(3)

1. Corporation Name

COPYIMAGE INC.



Principal Place of Business

137E WOOLBRIGHT RD.
STE 12B
BOYNTON BEACH FL 33435
US

Mailing Address

137E WOOLBRIGHT RD.
STE 12B
BOYNTON BEACH FL 33435
US

2. Principal Place of Business

2a. Mailing Address

21 1233 45th Street

26 1689 Forum Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A2

27 #339

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip

Country

Zip

Country

24 33407

25 Palm Beach

29 33401

30 Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/15/1992

3a. Date of Last Report

09/29/1995

4. FEI Number

65-0324439

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. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

PIKIS, MARINA N.
364 CHURCH ROAD
TEQUESTA FL 33469

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 607.1502, 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 in block, in full, of the person signing.

Signature typed or printed in block, in full, of the person signing.

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME PIKIS, JAMES D
STREET ADDRESS 364 CHURCH ROAD
CITY-ST-ZIP TEQUESTA FL 33469 ☐ DELETE

TITLE DT
NAME PIKIS, MARINA N
STREET ADDRESS 364 CHURCH ROAD
CITY-ST-ZIP TEQUESTA FL 33469 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Marina N. Pikis, Marina N. Pikis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-833-9988

DATE TIME PHONE #

CR2E034 (12/95)