

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V55068 (3)
1. Corporation Name
COPIER CLINIC, INC.



Principal Place of Business Mailing Address
931 STATE ROAD 434 931 STATE ROAD 434
SUITE 170 SUITE 170
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/30/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3137259	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINLER, DEBRA ANN
~~819 LAKESIDE LANE~~
ALTAMONTE SPRINGS FL 32714

81 Name	KINLER, DEBRA ANN
82 Street Address (P.O. Box Number is Not Acceptable)	1721 HIDDEN WOOD CT
83	
84 City	APOPKA, FL
85 Zip Code	32712

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	D	1.1 TITLE	D
NAME	KINLER, JAMES E., JR.	1.2 NAME	KINLER, JAMES E., JR.
STREET ADDRESS	819 LAKESIDE LANE	1.3 STREET ADDRESS	1721 HIDDEN WOOD CT
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	APOPKA, FL 32712
TITLE	D	2.1 TITLE	D
NAME	KINLER, DEBRA ANN	2.2 NAME	KINLER, DEBRA ANN
STREET ADDRESS	819 LAKESIDE LANE	2.3 STREET ADDRESS	1721 HIDDEN WOOD CT
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	2.4 CITY - ST - ZIP	APOPKA, FL 32712
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (10/97)