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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **260384**

1. Corporation Name
BOLINE OFFICE SUPPLY INC

Principal Place of Business	Mailing Address
1321 NW 65TH PL SUITE B FT LAUDERDALE FL 33309 US	1321 NW 65TH PL SUITE B FT LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/28/1962

4. FEI Number: 59-0970365 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

BARNES,SEFTON K
829 COCONUT DR.,S.W.
FORT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARNES,SEFTON K		1.2 NAME		
STREET ADDRESS	829 COCONUT DR.,S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	BARNES,PHYLLIS L		2.2 NAME	BARNES, PHYLLIS L.	
STREET ADDRESS	829 COCONUT DR.,S.W.		2.3 STREET ADDRESS	829 COCONUT DR, SW.	
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33315	
TITLE	P	☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	BARNES, BRETT		3.2 NAME	BARNES, BRETT K	
STREET ADDRESS	2601 B GATEWAY DR.		3.3 STREET ADDRESS	1321 NW 65 PLACE, SUITE B	
CITY-ST-ZIP	POMPANO BCH. FL		3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33309	
TITLE	VP	☐ DELETE	4.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	BARNES, WILLIAM		4.2 NAME	BARNES, WILLIAM L.	
STREET ADDRESS	2601 B GATEWAY DR.		4.3 STREET ADDRESS	1321 NW 65 PLACE, SUITE B	
CITY-ST-ZIP	POMPANO BCH. FL		4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33309	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Brett Barnes BRETT BARNES 1/22/99 954-969-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #