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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 260384

BOLINE OFFICE SUPPLY INC

Principal Place of Business Mailing Address	BŞI BIBIL BIBİL BIBIL BIBIL BIBIL YORI
1321 NW 65TH PL 1321 NW 65TH PL	
SUITE B SUITE B	1110 ODA OF
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 DO NOT WRITE IN THE	HIS SPACE
US 3. Date Incorporated or Qualified	
07/28/1962	A - Had See
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For Not Applicable
21 26 59-0970365	\$8.75 Additional
Suite, Apt. #, etc. 5. Certifcate of Status Desired	Fee Required-
22 City & State City & State 6. Election Campaign Financing	\$5.00 May Be
	Added to Fees
Zip Country Zip Country 8. This corporation owes the current year	
	X Yes □No
24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Register	red Agent
81 Name	
BARNES, SEFTON K	
829 COCONUT DR.,S.W. 829 COCONUT DR.,S.W.	•
FORT LAUDERDALE FL 33315	· · · · · · · · · · · · · · · · · · ·
	11
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 purpos 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 approximately the corporation of the purpose of the approximately accept the approximately accep	e of changing its registered ppointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE	
SIGNATURE (APPENDING A CONTROL OF A CONTROL	E .
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
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	
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS TITLE DS II. TITLE NAME BARNES, SEFTON K STREET ADDRESS CITY-ST-ZIP TITLE LAUDERDALE FL OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS II. TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	S AND DIRECTORS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

BRETT BARNES

954-969-9600