

File Now. Filing Fee after May 1 is \$225.00

APPROVED
AND
FILED

97 JUN 10 PM 3:22

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: **DOCUMENT # G77877 (0)**

FLORIDA OFFICE MACHINES, INC.
5706 BENJAMIN CENTER DR STE 112
TAMPA FL 33634-5262

was 4803 George Rd - 1996
Suite 300

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: **11/30/1983**
3a. Date of Last Report: **06/30/1992**

FILING FEE: **\$200.00**
ANNUAL REPORT **\$61.25** + **\$138.75** CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: **592341931**
Applied For:
Not Applied For:

2. Mailing Address:
21. **7520 W. WATERS AVE**
22. **SUITE 14**
23. **TAMPA, FL**
24. **33615**

2a. Principle Place of Business:
26. **SAME**
27. **TAMPA, FL**
28. **33615**

5. Certificate of Status Declared: **\$875.00**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$138.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUEGER, WILLIAM R.
5706 BENJAMIN CENTER DRIVE, #112
TAMPA FL 33634

81. Name: **KRUEGER, WILLIAM R.**
82. Street Address (P.O. Box Number is Not Acceptable): **7520 W. WATERS AVENUE SUITE 14**
83.
84. City: **TAMPA** FL 85. Zip Code: **33615** 86. Country: **USA**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE: **P/S/D**
1.2 NAME: **KRUEGER, WILLIAM R.**
1.3 ADDRESS: **2609 RICHARD RD. TARPON SPRINGS FL**

2.1 TITLE: **VICE PRESIDENT**
2.2 NAME: **RAYMOND M. GONZALEZ**
2.3 ADDRESS: **4931 Cedarwood Village Dr**
2.4 CITY-ST-ZIP: **Tampa, FL 33624** *Sorry!*

3.1 TITLE:
3.2 NAME:
3.3 ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE:
4.2 NAME:
4.3 ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE:
5.2 NAME:
5.3 ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE:
6.2 NAME:
6.3 ADDRESS:
6.4 CITY-ST-ZIP:
William R. Kruger

13. OFFICERS AND DIRECTORS CHANGED

1.1 TITLE:
1.2 NAME:
1.3 ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: **Vice President**
2.2 NAME: **RAYMOND M. GONZALEZ**
2.3 ADDRESS: **4531 CEDARWOOD VILLAGE DR.**
2.4 CITY-ST-ZIP: **TAMPA, FL 33624**

3.1 TITLE:
3.2 NAME:
3.3 ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE:
4.2 NAME: **400002210614--E**
4.3 ADDRESS: **-06/12/97--01109--006**
4.4 CITY-ST-ZIP: ******165.00 ****165.00**

5.1 TITLE:
5.2 NAME:
5.3 ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE:
6.2 NAME: *A. Alan*
6.3 ADDRESS: *6/10/97*
6.4 CITY-ST-ZIP: *6/4/97*

14. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 109, Florida Statutes, and that my name appears in Block 12, Block 13, and/or on an attachment with an address.

SIGNATURE: *William R. Kruger* DATE: **3-10-93**
Title: _____
Dialing Telephone Number: _____