FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

- CORPORATION
- ANNUAL REPORT

1995

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

APPROVED AND FILED

95 FEB 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28889 (9)

1. Corporation Name

HOULIHAN OFFICE SYSTEMS, INC.

Principal Place of Business	Mailing Address
121 BARTOW AVE SOUTH AUBURNDALE FL 33823	121 BARTOW AVE SOUTH AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1988
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21: 2750 MICHIGAN AVE.
Suite, Apt. #, etc.
22: SUITE #7
City & State
23: KISSIMMEE, FL
Zip
24: 34744
Country
25: USA

2a. Mailing Address
26: 745 CRAIG RD.
Suite, Apt. #, etc.
27: SUITE #104
City & State
28: ST. LOUIS, MO
Zip
29: 63141
Country
30: USA

4. FEI Number: 36-3611365 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FUENTE, RONALD E.
5644 DEEP DALE DR
ORLANDO FL 32821

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, RICKI B.	12 NAME	
STREET ADDRESS	13820 WELLINGTON MANOR	13 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FAHEY, EUGENE G.	22 NAME	
STREET ADDRESS	7 FOREST CLUB DRIVE	23 STREET ADDRESS	
CITY ST ZIP	CHESTERFIELD MO	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	FUENTE, RONALD E	32 NAME	
STREET ADDRESS	5644 DEEPDALE DR	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 all other like empowered.

SIGNATURE: RICKI B. SHAPIRO — 2/1/95 — 314-567-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

2/7/95

0447820 FP