

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K28889** (9)

1. Corporation Name

HOULIHAN OFFICE SYSTEMS, INC.



Principal Place of Business

Mailing Address

**2750 MICHIGAN AVE.
SUITE 7
KISSIMMEE FL 34744
US**

**745 CRAIG ROAD
104
ST. LOUIS MO 63141
US**

3. Date Incorporated or Qualified

07/14/1988

3a. Date of Last Report

02/27/1995

4. FEI Number

36-3611365

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
SHAPIRO, RICKI B.
13820 WELLINGTON MANOR
CHESTERFIELD MO**

11. TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VD
FAHEY, EUGENE G.
7 FOREST CLUB DRIVE
CHESTERFIELD MO**

12. NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD
FUENTE, RONALD E
5644 DEEPPDALE DR
ORLANDO FL**

13. STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

14. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

15. CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

16. CITY - ST - ZIP ☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Eugene Fahey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Fahey

6/6/96

314-567-7794

CR2E034 (3/96)