

**FILE NOW: FILING FEE AFTER MAY, 1ST IS \$550.00**

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -8 AM 9:30

DOCUMENT # P98000003106

1. Corporation Name

Offices To Go, Inc.

Principal Place of Business

4820 Park Blvd.  
Pinellas Park, FL  
33781

Mailing Address

4820 Park Blvd.  
Pinellas Park, FL  
33781

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 9, 1998

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0804569

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 owes the current year Intangible Personal Property Tax.

Yes  No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Patrick M. O'Connor  
2240 Belleair Road, Suite 160  
Clearwater, Florida 33764

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/24/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: Dir  DELETE  
NAME: Douglas Etman  
STREET ADDRESS: 14068 Lake Pt. Dr.  
CITY-ST-ZIP: Clearwater, Florida 34622

1.1 TITLE: Pres/Dir  Change  Addition  
1.2 NAME: Dave Smith  
1.3 STREET ADDRESS: 4820 Park Blvd.  
1.4 CITY-ST-ZIP: Pinellas Park, Florida 33781

TITLE: Dir  DELETE  
NAME: John W. Oberding  
STREET ADDRESS: 4820 Park Blvd.  
CITY-ST-ZIP: Pinellas Park, Florida 33781

2.1 TITLE: Sec/Treas/Dir  Change  Addition  
2.2 NAME: John W. Oberding  
2.3 STREET ADDRESS: 4820 Park Blvd.  
2.4 CITY-ST-ZIP: Pinellas Park, Florida 33781

TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY-ST-ZIP:  DELETE

3.1 TITLE:  Change  Addition  
3.2 NAME:  Change  Addition  
3.3 STREET ADDRESS:  Change  Addition  
3.4 CITY-ST-ZIP:  Change  Addition

TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY-ST-ZIP:  DELETE

4.1 TITLE:  Change  Addition  
4.2 NAME: 800003013038--1  
4.3 STREET ADDRESS: -10/13/99--01002--024  
4.4 CITY-ST-ZIP: \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY-ST-ZIP:  DELETE

5.1 TITLE:  Change  Addition  
5.2 NAME:  Change  Addition  
5.3 STREET ADDRESS:  Change  Addition  
5.4 CITY-ST-ZIP:  Change  Addition

TITLE:  DELETE  
NAME:  DELETE  
STREET ADDRESS:  DELETE  
CITY-ST-ZIP:  DELETE

6.1 TITLE:  Change  Addition  
6.2 NAME:  Change  Addition  
6.3 STREET ADDRESS:  Change  Addition  
6.4 CITY-ST-ZIP:  Change  Addition

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: *John W. Oberding* John W. Oberding 9/27/99 727-546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0700

CR2E034 (1/98)