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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 218477 (8)

1. Corporation Name
OFFICE CONNECTION, INC.



Principal Place of Business
5301 NW 9TH AVENUE
FT LAUDERDALE FL 33309

Mailing Address
5301 NW 9TH AVENUE
FT LAUDERDALE FL 33309-3100

3. Date Incorporated or Qualified
01/02/1959

3a. Date of Last Report
05/01/1996

4. FEI Number
59-0857387

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALM, ARNOLD V.
5301 NW 9 AVE
FT LAUDERDALE FL 33309

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME NIPE, STEPHEN L
STREET ADDRESS 828 HARRISON ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE DV ☐ DELETE

NAME STODDARD, RICHARD E
STREET ADDRESS 1101 SW 74TH TERRACE
CITY-ST-ZIP PLANTATION FL

TITLE DP ☐ DELETE

NAME MALM, ARNOLD V
STREET ADDRESS 1235 JASMINE CIRCLE
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE DT ☐ DELETE

NAME THOMPSON, RICHARD B
STREET ADDRESS 384 NE 8TH ST
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME SPELLBERG, VICTOR M
STREET ADDRESS 1741 NW 97 TERR
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ DELETE

NAME MAHAFFEY, DANIEL J.
STREET ADDRESS 9633 SOUTHERN PINES CT.
CITY-ST-ZIP DAVIE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0248381

CR2E034 (9/96)