

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

FILED

Jan 27 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 # 326154 (2)
1. Corporation Name
OFFICE EQUIPMENT EXCHANGE INC



Principal Place of Business Mailing Address
1028 W. WASHINGTON
P.O. BOX 550190
ORLANDO FL 32805-1647
US

3. Date Incorporated or Qualified 02/07/1968
3a. Date of Last Report 01/30/1996
4. FEI Number 59-1204532
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 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KNARREBORG, ROBERT C.
1028 W. WASHINGTON
ORLANDO FL 32805
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	KNARREBORG, ROBERT C			1.2 NAME			
STREET ADDRESS	1028 W. WASHINGTON			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	KNARREBORG, BETTY J			2.2 NAME			
STREET ADDRESS	1028 W. WASHINGTON			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	DT	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	KNARREBORG, ROBERT C			3.2 NAME			
STREET ADDRESS	1028 W. WASHINGTON			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	SANISLOW, WM A			4.2 NAME			
STREET ADDRESS	1028 W. WASHINGTON			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change	☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change	☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Betty J. Knarreborg* 1-16-97 407-422-8850
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)