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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90082 042 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 394387

1. Corporation Name
BOCA RATON OFFICE SUPPLY, INC.

Principal Place of Business 3100 NW BOCA RATON BLVD 309 BOCA RATON FL 33431 US	Mailing Address 3100 NW BOCA RATON BLVD 309 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1972	
4. FEI Number 59-1377969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent RITTENSBACHER, ROMA J. 1000 NW 1ST AVE S28 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3100 NW BOCA RATON BLVD 83 #309 84 City FL 85 Zip Code 33431	
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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 PD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RITTENSBACHER, DONALD R.		1.2 NAME	
STREET ADDRESS 1000 NW 1 AVE S28		1.3 STREET ADDRESS 3100 NW BOCA RATON BLVD, # 309	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP BOCA RATON FL 33431	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RITTENSBACHER, SCOTT D.		2.2 NAME	
STREET ADDRESS 1000 NW 1 AVE S28		2.3 STREET ADDRESS 3100 NW BOCA RATON BLVD, # 309	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP BOCA RATON FL 33431	
TITLE STD	<input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RITTENSBACHER, ROMA J.		3.2 NAME	
STREET ADDRESS 1000 NW 1 AVE S28		3.3 STREET ADDRESS 3100 NW BOCA RATON BLVD, # 309	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP BOCA RATON, FL 33431	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HIRSCHFELD, MONA P.		4.2 NAME	
STREET ADDRESS 1000 NW 1 AVE S28		4.3 STREET ADDRESS 3100 NW BOCA RATON BLVD, # 309	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Roma J. Rittensbacher 3-4-99 (561) 395-3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0335997

CR2E034 (1/98)