

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

FILED

Jun 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 465553 (6)

1. Corporation Name

DOCUTRONIX, INC.

Principal Place of Business

8 PALMS PLAZA
HOMESTEAD, FL 33030

Mailing Address

8 PALMS PLAZA
HOMESTEAD, FL 33030

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
11/27/1974

3a. Date of Last Report
1/24/1996

4. FEI Number
59-1562092

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

9. Name and Address of Current Registered Agent

TURNER, VERNON W.
8 PALMS PLAZA
HOMESTEAD, FL 33030-3095

10. Name and Address of New Registered Agent

81 Name
LYNN, SANDRA T.

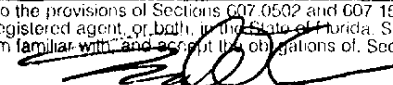
82 Street Address (P.O. Box Number is Not Acceptable)
830 North Krome Ave.

84 City
HOMESTEAD

85 Zip Code
FL 33030

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

Sandra T. Lynn

6/23/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LINDSAY, CHERYL T.
8 PALMS PLAZA
HOMESTEAD, FL 33030 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
DANIEL, ANNA R.
8 PALMS PLAZA
HOMESTEAD, FLORIDA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
SECRETARY
LYNN, SANDRA T.
8 PALMS PLAZA
HOMESTEAD, FL 33030 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
VICE PRESIDENT
TURNER, VERNON W.
8 PALMS PLAZA
HOMESTEAD, FL 33030 ☐ Change ☒ Addition

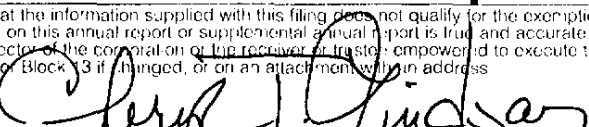
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

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

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

6/23/97

3052472151

CR2E034 (9/96)