

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 471640

1. Corporation Name
OFFICE AUTOMATION, INC.

Principal Place of Business

776 BENNETT DRIVE
SUITE 105
LONGWOOD FL 32750
US

Mailing Address

P.O. BOX 526002
LONGWOOD FL 32752-6002
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 035 *****8.75

04-14-1999 90152 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1975

4. FEI Number

59-1584434

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

BARRY L MELNICK
101 OAK VIEW CIRCLE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

667 Lakeworth Circle

83

84 City
Heathrow

FL

85 Zip Code

32746

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

TITLE PSD
NAME MELNICK, BARRY
STREET ADDRESS 776 BENNETT DR, STE 105
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE V
NAME HOFFMAN, ROBERT F
STREET ADDRESS 776 BENNETT DR SUITE 105
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE D
NAME MELNIC, PERI
STREET ADDRESS 770 BENNETT DR., SUITE 105
CITY-ST-ZIP LONGWOOD FL

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry L. Melnick
Barry L. Melnick 3-16-99 407-831-7222

Date

Daytime Phone #

CR2E034 (1/198)