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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT 1. Corporation Name	^T # 643901
ACORN OFFICE	SUPPLIES, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90002 012 ***150.00



Principal Place	e of Business	Mailing Address				•	
		5305 BAYBERRY LANE			`		•
		TAMARAC FL 33319	TAMARAC FL 33319		DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
					11/02/1979		
					4. FEI Number	Anr	olied For
2. Principal Place of Business 2a. Mailing Address				59-1954289		Applicable	
21 26			39 1934209	\$8.75 A			
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Red				
22 27			S. S	\$5.00	`		
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	Added to	- 1	
23			28		Trace of the contract of the c		
Zip	Country	_ 	Zip Country		This corporation owes the current year Intangible Personal Property Tax.		
24	25		30		10. Name and Address of New Registe		
	9. Name and Address of Curre	nt Registered Agent		81 Name	IV. Name and Address of New Adgress		
pro	CED ALEDED		1		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
	GER, ALFRED			82 Street Add	ress (P.O. Box Number is Not Acceptable)		. '
	BAYBERRY LANE				* * * * * * * * * * * * * * * * * * *	29 914 C	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
IAM	ARAC FL 33319			83			明代 报
			-	84 City		85 Zip C	odé
						<u> </u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute:	s, the ab	ove-named corp	poration submits this statement for the purposion's board of directors. I hereby accept the a	se of changing its concintment as rec	registered distered
office or r agent. I a	registered agent, or both, in the State om familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statu	tes.	on a board of directors. Thereby desires	,,,	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: I	Registered /	Agent signature require	ed when reinstating) DAT	E	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	V	☐ DELETE	1.1 TITI	E	5.30 1.55	Change	☐ Addition {
NAME	BERGER, DONALD		1.2 NA	ME			
	COOK DAVOEDDY LAME		1.3 STE	REET ADDRESS	•		(
STREET ADDRESS	FT. LAUDERDALE FL			Y-ST-ZIP			j
CITY-ST-ZIP	P P	DELETE	2.1 TIT			☐ Change	☐ Addition
TITLE			2.2 NA		•		
NAME	BERGER, DOROTHY	•	1				ļ
STREET ADDRESS	5305 BAYBERRY LANE			REET ADORESS			ì
CITY-ST-ZIP	FT. LAUDERDALE FL	☐ DELETE		ry-st-zip	 	☐ Change	Addition
TITLE	ST	☐ DELETE	3.1 TIT	-			_
NAME	BERGER, ALFRED		3.2 NA				
STREET ADDRESS			3.3 STI	REET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		_	TY-ST-ZIP		Change	Addition
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TITLE		☐ DELETE	5.1 TiT	I .		Change	Addition
NAME			5.2 NA	ME	•		
STREET ADDRESS	5		5.3 ST	REET ADDRESS			
CITY-ST-ZIP	\ \ \		5.4 CII	TY-ST-ZIP	<u> </u>		
TITLE	with a second	☐ DELETE	6.1 TIT	/E		☐ Change	Addition
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NAME			6.3 ST	REET ADDRESS			ĺ
STREET ADDRESS				ry-st-zip			1
	• •		0.4 (/				

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: