FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **672196** **(3)**

1. Corporation Name

OFFICE SYSTEMS EQUIPMENT AND CONSULTING, INC.

Principal Place of Business	Mailing Address
1301 53RD ST., STE 1 W PALM BCH. FL 33407-9208	1301 53RD ST., STE 1 W PALM BCH. FL 33407-9208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1980

3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 1029 N. FLORIDA MANGO	26 1029 N. FLORIDA MANGO
Suite, Apt. #, etc. 22 SUITE 7	Suite, Apt. #, etc. 27 SUITE 7
City & State 23 W. PALM BCH., FL	City & State 28 W. PALM BCH., FL
Zip / Country 24 33409 / 25 USA	Zip / Country 29 33409 / 30 USA

4. FEI Number: 59-2003845 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUFFORD, LORRAINE R. 1301 53RD ST. STE 1 WEST PALM BEACH FL 33407	81 Name: LORRAINE R. HUFFORD 82 Street Address (P.O. Box Number is Not Acceptable): 1029 N. FLORIDA MANGO 83: SUITE 7 84 City: WEST PALM BEACH FL 85 Zip Code: 33409

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	HUFFORD, LORRAINE R.	1.2 NAME	
STREET ADDRESS	2552 CANTERBURY SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	CDS	2.1 TITLE	☐ Change ☐ Addition
NAME	HUFFORD, LORRAINE R.	2.2 NAME	
STREET ADDRESS	2552 CANTERBURY SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and 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: Lorry Hufford 4/14/95 407-687-0300
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Lorry Hufford

084700 CP