

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F47343

(1)

1. Corporation Name

COLLINS BUSINESS PRODUCTS INC.

Principal Place of Business

1436 E ATLANTIC BLVD  
POMPANO BEACH FL 33060  
US

Mailing Address

1436 E ATLANTIC BLVD  
POMPANO BEACH FL 33060-8758  
US

2. Principal Place of Business

21 2520 N. POWERLINE RD.

Suite, Apt. #, etc.

22 301

City & State

23 POMPANO BEACH

Zip

24 33069

Country

25 US

2a. Mailing Address

26 2520 N. POWERLINE RD.

Suite, Apt. #, etc.

27 301

City & State

28 POMPANO BEACH

Zip

29 33069

Country

30 US

9. Name and Address of Current Registered Agent

COLLINS, ROBERT W  
10369 NW 16 CT  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

10/05/1981

3a. Date of Last Report

05/29/1996

4. FEI Number

59-2138091

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOT) Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME COLLINS, ROBERT W

STREET ADDRESS 10369 NW 16 CT.

CITY-ST-ZIP CORAL SPRINGS FL

TITLE DVS ☐ DELETE

NAME COLLINS, BARBARA A.

STREET ADDRESS 10369 NW 16 CT

CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

FILED  
May 09 1997 8:00am  
Secretary of State



CR2E034 (9/96)