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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

oration Name	G 100	. •	•
RDYNE OFFICE	PRODUCTS.	INC.	

(6)

FILED Apr 27 1998 8:00am Secretary of State

PURDY	NE OFFICE PRODUC	CTS, INC.			
Principal Plac	e of Business	Mailing Address			
1188 OMAHA	CIRCLE	1188 OMAHA CIRCLE			
PALM HARBOR FL 34683 PALM HARBOR FL 34683			4683	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/28/1982	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		59-2244171 Not Applicable	
Suite, Ap1.	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional	
22		27		Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be	
23	Country	28	Country	Trust Fund Contribution LJ Added to Fees	
Zip 24	25	Zip 29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24]		of Current Registered Agent	1301	10. Name and Address of New Registered Agent	
DE	TROVICH, WALTER J.		81 Name		
	88 OMAHA CIRCLE		00 04	(Address (DA Day Niverton in New Assessments)	
	LM HARBOR FL 34683		82 Street	t Address (P.O. Box Number is Not Acceptable)	
'''	DM (WW.DQII 1 E 01000		83		
1			24 00	Tet 7- 0-4-	
			84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Soctions 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.					
l	m lammar with, and accept t	the obligations of, Section 607.0000	, rionda olaidies.		
SIGNATURE	Signature, typed or printed name of reg	gistered agent and title if applicable	(NOTE Registered Agent signatur	re required when reinstating) DATE	
12.		ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	PETROVICH, WALTER		1.2 NAME		
STREET ADDRESS	1645 NARNIA COURT		1.3 STREET ADDRESS	1	
CITY-ST-2IP	DUNEDIN FL	Donete	1.4 CITY - S1 - ZIP		
TITLE	STD	DELETE	2.1 TITLE	Change Addition	
NAME	CROSS, WILMA		22 NAME		
STREET ADDRESS	1645 NARNIA COURT DUNEDIN FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DONEDIN FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition	
NAME		المالية المالية	3.2 NAME	Controll Controller	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET AODRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - 2IP		
TITLE		DELETE	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 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 articipant with an address.