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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **G28213**

BOYAL WHOLESALE OFFICE PRODUCTS. INC.

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90004 044 ***150.00

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Principal Place	e of Business	Mailing Address		I I I BENTAN DO SO STABLE I BENDO I I BENTA	HAND ÎTAL AFRA ANDRI MANA	418() BIBN 418() (88(
12428 N BAYS		12428 N RAYSHORE DRIVE			•	
NORTH MIAMA	FI 33181	NORTH-MIANI FL 33181				
	7			DO NOT WR	ITE IN THIS SPACE	
<u> </u>	,			3. Date Incorporated or Qualifed 03/16/1983		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21 9919	S. ARBOR VIEW DRIVE	26 9919 S. ARBOA	NOW DAINE	59-1499341		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8 <u>.</u>	75 Additional
22		27		5. Certificate of Status Desires	Fe	e Required
City & Stat	te	City & State		6. Election Campaign Financing	. □ \$5	.00 May Be
23 BOYN	TON BEACH. FL	28 BOYNTON BERG	A TZ	Trust Fund Contribution	Ad	ded to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur	rent year Intangible	
24 334	37 [25]	29 33 <i>13</i> 7 30	0 '	Personal Property Tax.	Yes	. □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New	Registered Agent	
		,	81 Name)	HIET, HERBERT	A Commence of the Commence of	
CHIE	ET, HERBERT		82 Street A	Address (P.O. Box Number is Not Accept		
1242	28 NORTH BAYSHORE DRIVE		991	a < ARBINA VIEW OR	106	
NOR	RTH MIAMILFL 33181		83	1 22 (1) 201		
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office or r	to the provisions of Sections 607.0502	f Fiorida. Such change was auth	iorized by the corbo	corporation submits this statement for the tration's board of directors. I hereby acce	e purpose of changi ept the appointment	as registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligation	f Fiorida. Such change was auth	iorized by the corbo	corporation submits this statement for the ration's board of directors. I hereby acce	e purpose of changii ept the appointment	as registered
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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 shall god or on an attachment with an addition, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: