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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93622

(0)

FILED Jan 29 1997 8:00am Secretary of State

OFFICES PLUS, INC. Principal Place of Business Mailing Address 4191 SAN JUAN AVENUE 4191 SAN JUAN AVENUE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-3333								
					 Date Incorporated or Qualified 03/28/1984 	1	ite of Last R 14/1996	eport
2. Principal Pi	lace of Business	2a. Mailing Address			4. FÉI Number	VE		polied For
21		26			59-2773601		No.	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Fee Re	
City & State)	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	
Zip	Country	Z(p)	Count	ry	8. This corporation has liability for			. 199,032,
24	25 9. Name and Address of Curre	29	30	···-	Florida Statutes 10. Name and Address of New R	Yes L		
LAMI C	SON, JOHN R.	ant negistered Agent	8	1 Name	IV. Name and Address of New N	ahistolen i	Agent	
725	SPINNAKERS REACH I ITE VEDRA FL 32082		8:		tress (P.O. Box Number is Not Accepta	able)	85 Zip	Code
			utae tha sha	up named corr	novation cultimite this statement for the			
SIGNATURE	Signation, typed or permit nation of registated a	gent and tits it applicable (N	OTE: Registered A		poration submits this statement for the ation's board of directors. I hereby accounted when reinstating)	DATE		
SIGNATURE	Signation, typed or profess name of registared a OFFICERS A	gent and title I as plicable (N	OTE: Registered A	gent signature requ		DATE	DIRECTOR	IS IN 12
SIGNATURE 12. THILE	Stp. at.e., lighted or protest care of registared a OFFICERS AI	gent and tits it applicable (N	OTE: Registered A 13. 1.1 TITLE	gent signature requ	ired when reinslating)	DATE		IS IN 12
SIGNATURE	Signation, typed or profess name of registared a OFFICERS A	gent and title I as plicable (N	OTE Registered A 13. 1.1 TITLE 1.2 NAME	gent signature requ	ired when reinslating)	DATE	DIRECTOR	IS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or parties name of registared a OFFICERS AI PTD WILSON, JOHN R.	gent and title I as plicable (N	OTE Registered A 13. 1.1 TITLE 1.2 NAME	gent signature requi	ired when reinslating)	DATE	DIRECTOR	IS IN 12
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14. I do hereby certify that the information supplied with this filing does not quality 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 13 if chapter or a latestment with an address.

SIGNATURE

John K. Wilson Wohn R. W.

1-23-97

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