**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G96665**

ALTAMONTE OFFICE SUPPLY, INC.

Principal Place of Business

531 HIGHLAND STREET

Mailing Address

531 HIGHLAND STREET

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90037 028 \*\*\*150.00



ALIAMONIE SPRINGS PL 32/01		ALIAMONIE SFRINGS PL 32/01			DO NOT WRITE IN THIS SPACE					
ii ii	•					<ol> <li>Date incorporated or Qualifed 04/05/1984</li> </ol>				
Principal Place of Business     Za. Mailing Address			<del></del>			4. FEI Number			App	lied For
21		26			59-2395857			Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	e .	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip	Count	Ŋ		8. This corporation owes the cum	rent vear Int	angible		
24	25	29	30			Personal Property Tax.	,	☐ Yes	[	□No
	9. Name and Address of Curren	<del></del>		_		10. Name and Address of New I	Registered	Agent		
		<del></del>	8	1	Name			_		
BECK, MARSHA M.			آ ا	4	04	desar (D.O. Day M. Johania Mat Account	-510)			
531 HIGHLAND STREET			82 Street Address			dress (P.O. Box Number is Not Accept	able)			
ALTAMONTE SPRINGS FL 32701			8	83						•
			L	$\perp$						
		•	. 8	4	City	Marie Company	Fi	85 2	Zip C	ode
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida: Such change was au tions of, Section 607.0505, Flori	ithorized b ida Statute	yt! es.	he corpora	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appoi	ntment a	s reg	istered
49	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag	ent	signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF		ID DIREC	TOE	2S IN 12
12. πιε	ST OPFICERS AF	DELETE	1,1 TITLE			ADDITIONS/CHANGES TO OF	FICERS AN	Char		Addition
	BECK, MARSHA M.								,g.,	
NAME	531 HIGHLAND ST		1.2 NAME		4000500					
STREET ADDRESS	ALTAMONTE SPRINGS FL				ADDRES\$					
CITY-ST-ZIP		☐ DELETE	1.4 CITY- 2.1 TITLE		ZIP			☐ Char	200	☐ Addition
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NAME	/			2.2 NAME						ł
STREET ADDRESS					ADORESS					ĺ
C(TY-ST-Z)P	ALTAMONTE SPRINGS FL			2.4 CITY-ST-ZIP 3.1 TITLE		<del></del>	<del></del>	Char		Addition
TITLE	_	□ ncreic			[				iy¢	
NAME	MALM, JEFFRY J.		3.2 NAME							\
STREET ADDRESS	132 HATTAWAY DR		3.3 STREE							,
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	DELETE	3.4. CITY-		ZiP			Char		Addition
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NAME			4.2 NAM							)
STREET ADORESS					ADDRESS	•				}
CITY-ST-ZIP	<u> </u>		4.4 C/TY-		ZIP	<del></del>		□ ck		Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		1			Char	rye	Addition
NAME	,									Ì
STREET ADORESS			■ 5.3 STRE	E1/	ADDRESS					- 1

14. Thereby 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, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition