

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H13172

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ABC OF	FICE SUF	PLIES, INC.					The state of the s	Super course
								31811 (30)
Principal Place		\$		ing Address				
1869 NO PINE .PLANTATION F				NO PINE ISLAND RD ITATION FL 33322	·~		DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	- of
							07/20/1984	
2. Principal Place of Business			2a. 1	2a. Mailing Address			4. FEi Number Applie	od For
21			26	26			00 2 10 100 1	pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Add Fee Reguli	
22			27				1001000	──-
City & Stat	te			City & State			6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F	
23		····	28	Zip		intry		
Zip		Country	—	•	30	n iu y	8. This corporation owes the current year intangible Personal Property Tax.	No
24	0 Na	and Address of Curr	29		30	Γ	10. Name and Address of New Registered Agent	
	9. Name	and Addiess of Cur	I OII L NOGISLO	ioo Agoin	-	81 Name		
BELL	LINI, SHERI	RY				82 Street Ac	ddress (P.O. Box Number Is Not Acceptable)	——
1869	9 NO PINE	ISLAND RD				02 Street AL	duress (F.O. Box Mullibor to Mot Acceptable)	
PLA	ntation, i	FL 33322				83		
						84 City	- 85 Zip Cod	he
						'	FL I	ĺ
_11Pursuant	to the provis	ions of Sections 607.0	0502 and 607	.1508, Florida Statute	s, the a	bove-named co	orporation submits this statement for the purpose of changing its re- ation's board of directors. I hereby accept the appointment as regist	eredered
öffice or r	registered ag	ent, or both, in the Sta	ite of Florida	. Such change was at		л руши согрои	Aubit a Cost of dilectors: 1 mores accept and -blanching	
BUGIL I d	TIPL CONTRIBUTE TR	im, and accept the coll	igations of, ೪	Section 607.0505, Flor	rida Stat	utes.		- 1
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SIGNATURE		or printed name of registered a	agent and lide if s	pplicable. (NOTE:	Registered		used when reinstating) DATE	Ì
SIGNATURE	Signature, typed	or printed name of registered a OFFICERS		opilicable. (NOTE: TORS	Registered	Agent signature req	ured when reinstating! DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Ì
SIGNATURE 12. TITLE	Signature, typed	or printed name of registered a OFFICERS	agent and lide if s	pplicable. (NOTE:	13.	Agent signature req	ured when reinstating! DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Ì
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14. 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 affect as if made under each; 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.

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90008 015 ***150.00