

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90059 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J42417

1. Corporation Name
WITKOP OFFICE MACHINES, INC.

Principal Place of Business % JOHN P. WITKOP 3505 GRIFFIN RD FT LAUDERDALE FL 33312	Mailing Address % JOHN P. WITKOP 3505 GRIFFIN RD FT LAUDERDALE FL 33312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Witkop Office Machines, Inc Suite, Apt. #, etc.	2a. Mailing Address 26 Witkop Office Machines, Inc Suite, Apt. #, etc.
22 2460 Griffin Rd City & State	27 2460 Griffin Rd City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 11/10/1986	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2746696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

WITKOP, JOHN P.
3220 SW 39TH COURT
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name Terence Witkop
82 Street Address (P.O. Box Number is Not Acceptable) 4781 SW 74th Terrace
83
84 City Davie
85 State FL
86 Zip Code 33314

11. Pursuant to the provisions of Sections 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.

SIGNATURE *Terence Witkop* (NOTE: Registered Agent signature required when reinstating) DATE **4-27-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTD	WITKOP, JOHN P. 3220 SW 39TH COURT HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE VSD	WITKOP, TERENCE 4781 SW 74TH TERRACE DAVIE FL	<input type="checkbox"/> DELETE
TITLE VSD	Witkop, Colleen 4781 SW 74th Avenue DAVIE, FL 33314	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	DAVIE, FL 33314
3.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Witkop, Colleen
3.3 STREET ADDRESS	4781 SW 74th Avenue
3.4 CITY-ST-ZIP	DAVIE, FL 33314
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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.

SIGNATURE: *Terence P. Witkop* DATE: **4-27-99** DAYTIME PHONE #: **954 983 9274**

CR2E034 (11/98)