

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

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Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K28889** (9)  
1. Corporation Name  
**HOULIHAN OFFICE SYSTEMS, INC.**



Principal Place of Business <b>2750 MICHIGAN AVE. SUITE 7 KISSIMEE FL 34744 US</b>	Mailing Address <b>745 CRAIG ROAD 104 ST. LOUIS MO 63141-7122 US</b>
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3. Date Incorporated or Qualified <b>07/14/1988</b>	3a. Date of Last Report <b>07/17/1996</b>
4. FEI Number <b>36-3611365</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**FUENTE, RONALD E.  
5644 DEEP DALE DR  
ORLANDO FL 32821**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHAPIRO, RICKI B.
STREET ADDRESS	13820 WELLINGTON MANOR
CITY, ST, ZIP	CHESTERFIELD MO
TITLE	VD
NAME	FAHEY, EUGENE G.
STREET ADDRESS	7 FOREST CLUB DRIVE
CITY, ST, ZIP	CHESTERFIELD MO
TITLE	SD
NAME	FUENTE, RONALD E
STREET ADDRESS	5644 DEEPPDALE DR
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	MD
1.2 NAME	FUENTE, RONALD E
1.3 STREET ADDRESS	5644 DEEPPDALE DR
1.4 CITY-ST-ZIP	ORLANDO FL
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S/T/D
3.2 NAME	RODNEY JONES
3.3 STREET ADDRESS	745 CRAIG RD, SUITE 104
3.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 included 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.

SIGNATURE:  **RODNEY JONES** 3/19/97 (314) 567-7794

CR2E034 (9/96)