

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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MAY 10 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K61166** (0)

1. Corporation Name:
SOUTH DADE OFFICE MACHINES COMPANY, INC.

Principal Place of Business 1224 NORTH KROME AVENUE HOMESTEAD FL 33030	Mailing Address 1224 NORTH KROME AVENUE HOMESTEAD FL 33030
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/01/1989		3a. Date of Last Report 04/29/1994	
21. State, Apt. # etc.	26. State, Apt. # etc.	4. FEI Number 65-0097846		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		5b. Additional Fee Required \$8.75			
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution ☐		6b. Added to Fees \$5.00			
24. City & State	25. City & State	29. City & State		30. City & State		8. This corporation has liability for intangible tax under § 199.13(2), Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, CHRISTIAN W. 1224TH KROME AVE HOMESTEAD FL 33030				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City FL 85. Zip Code			

11. I, the undersigned, the president of Section 607.02(2) and 607.15(2), Florida Statutes, the above named corporation, solemnly the statement for the purpose of changing its registered office to the address indicated on 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 authorized to receive and deliver notices and documents to the corporation.

Christian W. Brown **4/22/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME BROWN, CHRISTIAN W.		1. NAME <i>Christian W. Brown</i>	
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, STATE, ZIP		3. CITY, STATE, ZIP	
4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, STATE, ZIP		6. CITY, STATE, ZIP	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE, ZIP		9. CITY, STATE, ZIP	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE, ZIP		15. CITY, STATE, ZIP	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, STATE, ZIP		18. CITY, STATE, ZIP	
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY, STATE, ZIP		21. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.13(2) and 199.15(2), 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 that I am an authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers and directors of the corporation or that I am an authorized agent of the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers and directors of the corporation.

SIGNATURE: *Christian W. Brown* **5/8/95** 305 247-6422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR