

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$560 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUN 24 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1092



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M22865** (3)

1. Corporation Name
B & I OFFICE SUPPLY & FURNITURE, INC.

Principal Place of Business
**12700 S. DIXIE HWY.
#20
MIAMI FL 33156**

Mailing Address
**12700 S. DIXIE HWY.
#20
MIAMI FL 33156**

9222 S.W. 136 Terr.

2. Principal Place of Business
4250 S.W. 73 Ave.

2a. Mailing Address
9222 S.W. 136 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL.

City & State
Miami, FL.

Zip
33155

Country
USA

Zip
33176

Country
USA

9. Name and Address of Current Registered Agent

**MARSHALL, IRENE T.
9222 S.W. 136 TERR.
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARSHALL, BRIAN A.	
STREET ADDRESS	9222 S.W. 136 TERR.	
CITY - ST - ZIP	MIAMI FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARSHALL, IRENE	
STREET ADDRESS	9222 S.W. 136 TERR.	
CITY - ST - ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002250203--0
1.3 STREET ADDRESS	-07/29/97--01032--018
1.4 CITY - ST - ZIP	****165.00 ****165.00

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

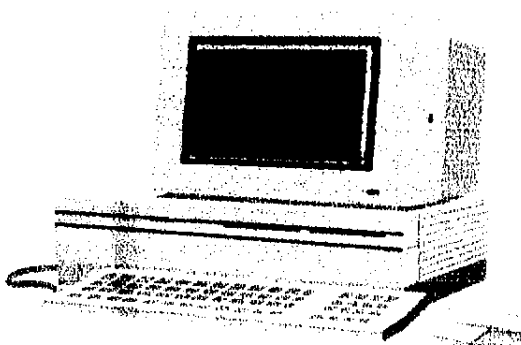
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

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 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 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.

CR2E034 (4/97)



B. & I. OFFICE SUPPLY, INC
4250 SW 73rd Ave.
Miami, FL 33155
Phone: 266-5686
Fax: 266-1399

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DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Tuesday, July 22, 1997

To Whom It May Concern:

I spoke with one of your representatives named Susan today. I told her we never received our 1st notice due to an address change which is:

B. & I. Office Supply & Furniture Inc.

4250 SW 73 Avenue

Miami, Florida 33155

Ph: 305- 266-5686 Fax: 305-266-1399 Date Line: 305-266-9809

Old address was 12709 South Dixie Highway Miami, Florida 33156

FEI number - 59-2596245.

Document # M22865

We are enclosing a check for \$ 165.00 as we were instructed to do by Susan. I hope that the State will understand. Please contact me if I can be of any further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Brian A. Marshall".

BRIAN MARSHALL

Sec/Treas.

B. & I. Office Supply & Furniture, Inc.