

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08689 (2)

1. Corporation Name

CONSOLIDATED BUSINESS FORMS, INC.



Principal Place of Business

Mailing Address

18050 E. 15 MILE RD.
P.O. BOX 26009
FRASER MI 48026
US

18050 E. 15 MILE RD.
P.O. BOX 26009
FRASER MI 48026
US

3. Date Incorporated or Qualified

01/06/1986

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

4. FEI Number

38-1816277

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAZINSKI, JULIUS
100 E LINTON BLVD
4TH FL TOWER A 301B
DELRAY BEACH FL 33483

81 Name

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

100 E LINTON BLVD

83

301B

84

City

DELRAY BEACH

FL

85 Zip Code

33483

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CD
SLAZINSKI, JULIUS J.
100 E LINTON BLVD 4TH FL TOWER A 301B
DELRAY BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPP
ANTON, JACK
18050 E. 15 MILE
FRASER MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
SLAZINSKI, HELENE B.
18050 E. 15 MILE RD.
FRASER MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BECKER, GREGORY
18050 E. 15 MILE
FRASER MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BOIKE, JAMES
18050 E. 15 MILE RD.
FRASER MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
DART, ROBERT
18050 E. 15 MILE RD.
FRASER MI

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

100 E LINTON BLVD 301B

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96

Date

810-293-8100

Daytime Phone #

CR2E034 (12/95)