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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

18050 E. 15 MILE RD.
P.O. BOX 26009
FRASER MI 48026-0009
US



3. Date Incorporated or Qualified

01/06/1986

3a. Date of Last Report

03/05/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

SLAZINSKI, JULIUS
001B-
4TH FL TOWER A
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

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

100 E LINTON BLVD

83 4TH FLOOR TOWER - 301B

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 CD
NAME SLAZINSKI, JULIUS J.
STREET ADDRESS 100 E LINTON BLVD 301-B
CITY-STATE-ZIP DELRAY BEACH FL

☐ DELETE

TITLE VPF
NAME ANTON, JACK
STREET ADDRESS 18050 E. 15 MILE
CITY-STATE-ZIP FRASER MI

☐ DELETE

TITLE SD
NAME SLAZINSKI, HELENE B.
STREET ADDRESS 18050 E. 15 MILE RD.
CITY-STATE-ZIP FRASER MI

☐ DELETE

TITLE D
NAME BECKER, GREGORY
STREET ADDRESS 18050 E. 15 MILE
CITY-STATE-ZIP FRASER MI

☐ DELETE

TITLE D
NAME BOIKE, JAMES
STREET ADDRESS 18050 E. 15 MILE RD.
CITY-STATE-ZIP FRASER MI

☐ DELETE

TITLE PD
NAME DART, ROBERT
STREET ADDRESS 18050 E. 15 MILE RD.
CITY-STATE-ZIP FRASER MI

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK ANTON

2/5/97

Date

810 293-8100

Daytime Phone

0470073

CR2E034 (9/96)