

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/06/1986	
21		26		4. FEI Number 38-1816277	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAZINSKI, JULIUS J.	1.2 NAME	
STREET ADDRESS	100 E LINTON BLVD 301-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTON, JACK	2.2 NAME	
STREET ADDRESS	18050 E. 15 MILE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRASER MI	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAZINSKI, HELENE B.	3.2 NAME	
STREET ADDRESS	18050 E. 15 MILE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRASER MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, GREGORY	4.2 NAME	
STREET ADDRESS	18050 E. 15 MILE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRASER MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOIKE, JAMES	5.2 NAME	
STREET ADDRESS	18050 E. 15 MILE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRASER MI	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DART, ROBERT	6.2 NAME	
STREET ADDRESS	18050 E. 15 MILE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FRASER MI	6.4 CITY-ST-ZIP	

14. I 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:

JACK ANTON - VP. FINANCE 3/13/98 80-793-8100

CR2E034 (10/97)