

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90062 001 ***150.00

DOCUMENT # **P08689**

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

01/06/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

TITLE **CD** ☐ DELETE
NAME **SLAZINSKI, JULIUS J.**
STREET ADDRESS **100 E LINTON BLVD 301-B**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VPF** ☐ DELETE
NAME **ANTON, JACK**
STREET ADDRESS **18050 E. 15 MILE**
CITY-ST-ZIP **FRASER MI**

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

TITLE **D** ☐ DELETE
NAME **BECKER, GREGORY**
STREET ADDRESS **18050 E. 15 MILE**
CITY-ST-ZIP **FRASER MI**

TITLE **D** ☒ DELETE
NAME **BOIKE, JAMES**
STREET ADDRESS **18050 E. 15 MILE RD.**
CITY-ST-ZIP **FRASER MI**

TITLE **PD** ☐ DELETE
NAME **DART, ROBERT**
STREET ADDRESS **18050 E. 15 MILE RD.**
CITY-ST-ZIP **FRASER MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **SLAZINSKI, JAY**
1.3 STREET ADDRESS **100 E LINTON BLVD 301-B**
1.4 CITY-ST-ZIP **DELRAY BEACH FL**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

JACK ANTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99
Date

810-293-8100
Daytime Phone #

CR2E034 (11/98)