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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P9400001824 (9)

**DOCUMENT #** BUSINESS FORMS LIQUIDATORS, INC. Mailing Address Principal Place of Business 384 S. MILITARY TRAIL 384 S. MILITARY TRAIL DEFRFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 12/27/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable NOT APPLICABLE 26 21 \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Nanie Street Address (P.O. Box Number is Not Acceptable) 82 CHESLER, BARRY S 384 SO. MILITARY TRAIL 83 DEERFIELD BCH FL 33442 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607,050? 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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, if amiliar with, and accept the obligations of, Section 607,0505. Florida Statutes. DATE points. Population Agent signal reconquired when not state of CR2E034 (12/95) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 T.TLE TITLE CHESLER, BARRY S NAME 1.3 STREET ADORESS 384 S. MILITARY TRAIL STREET ADDRESS 14 C(TY+SF+7)P DEERFIELD BCH FL ☐ Change Addition CITY - ST-ZIP DELFTE 2.1101.6 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP Change Addition CITY-ST-ZIF DELETE 3 1 TiffLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP Change ☐ Addition CITY - ST - ZIP DELETE 4 ' Hitt TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIF ☐ Addition CITY - ST - ZIP Change DELETE 5 1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY - ST - ZIP CITY-ST ZiP ☐ Change Addition 6 1 Totale □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 priorit is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual priorit is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver of fusite or provided 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 attach and with an address.

64 CITY - \$1 Zi2

SIGNATURE:

STREET ADDRESS

KELLAND SIGNING DEFICER OR DIRECTOR

Anny S. CHESTER-