

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 26 1998 8:00am
Secretary of State

DOCUMENT # P94000009700 (3)

1. Corporation Name
OFFICE ETC., INC.

Principal Place of Business

4530 N HIATUS RD
#118
SUNRISE FL 33351
US

Mailing Address

4530 N HIATUS RD
#118
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

4. FEI Number

65-0466689

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

1 4755 NW 103rd Ave

Suite, Apt. #, etc.

2 #16

City & State

3 Sunrise, FL

Zip

33351

Country

25 USA

2a. Mailing Address

26 4755 NW 103rd Ave

Suite, Apt. #, etc.

27 #16

City & State

28 Sunrise, FL

Zip

29 33351

Country

30 USA

9. Name and Address of Current Registered Agent

HOLOF, RICHARD
6005 N.W. 99TH AVE.
PARKLAND FL 33076

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

Richard Holof
Signature, typed or printed name of registered agent and title if applicable.

NA
(NOTE: Registered Agent signature required when reinstating)

DATE

11/12/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
HOLOF, RICHARD
STREET ADDRESS
6005 N.W. 99TH AVE.
CITY-ST-ZIP
PARKLAND FL 33076

TITLE ☐ DELETE

NAME
D
HOLOF, HARRY
STREET ADDRESS
306 FAIRWAY CIRCLE
CITY-ST-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Richard Holof
Signature, typed or printed name of registered agent and title if applicable.

11/12/98

954-746-2909

CR2E034 (10/97)