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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DIVISION OF CORPORATIONS DOCUMENT # P9400028975 (8) OFFICE WORKS BUSINESS EQUIPMENT SERVICE, INC. Principal Place of Business Mailing Address 4113 N. DIXIE HWY. POMPANO BEACH FL 33084 DIVISION OF CORPORATIONS Mailing Address 4113 N. DIXIE HWY. POMPANO BEACH FL 33084					
				3. Date Incorporated or Qualified 04/15/1994	3a, Date of Last Report 05/01/1998
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21]		26		65-0487165	Not Applicable
Suite, Ap	it #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Str	ale	City & State	······································	6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
4	25 g. Name and Address of Cur	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
	51 NE 18TH AVE IMPANO BEACH FL 33064		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptate	Die) ■ 85 Zip Code
SIGNATURE	Segrecials repaid or printed name of registered		rida Statutes. Registered Agent signature requ	poration submits this statement for the pation's board of directors. I hereby acception when reinstating. ADDITIONS/CHANGES TO OFFICE	DAYE
12. Titus	P	DELETE	13 TIME	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ROLLINS, KEVIN R		1.2 NAME		····
STREET ADORESS			1.3 STREET ADDRESS		
CHY-ST-24	POMPANO BEACH FL 3306		1.4 CITY-ST-ZIP		
T.ILE		☐ DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS	S		2.3 STREET ADDRESS		
CHY - ST - ZIP THI E		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
VAMÉ		Contract of the contract of th	3.2 NAME		
STREET ALFORESS	S		3.3 STREET ADDRESS		
CITY-SI-76			3.4. CITY - ST - ZIP		
I:ILI		DELETE	41 TITLE		☐ Change ☐ Addition
IAME			4. 2 NAME		
STREET ADDRESS	5		4.3 STREET ADORESS	•	
COLY - ST - ZIP TOTALE		DELETE	4.4 CITY~ST~ZIP 5.1 TITLE		Change Addition
niet NAME		E-1 percet	5.2 NAME		Fil Availe Fil Mailton
sant Saret Ladoress	s	•	5.3 STREET ADDRESS		
SURCE F MUZURESS CITY - ST- 206	×		5.4 CITY - ST - ZIP		
1 D.F		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
PREEL ADDRESS	\$		6.3 STREET ADORESS		
CdY+S1+2IP	†		6.4 CiTY-ST-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:

FILED

May 13 1997 8:00am

Secretary of State