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PROFIT CORPORATION ANNUAL REPORT

1997

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CITY - \$1 - 712



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052224 (0)

A-PLUS OFFICE & MORE, INC.

Principal Place of Business Mailing Address 1850 LEE ROAD 1850 LEE ROAD SUITE 327 SUITE 327 WINTER PARK FL 32789 WINTER PARK FL 32789-2107 3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1994 08/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3253327 Not Applicable 26 Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Ζip 8. This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GAVETT, MARTHA J 1850 LEE ROAD Street Address (P.O. Box Number is Not Acceptable) **B2 SUITE 327** 83 WINTER PARK FL 32789 84 City 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 farmer with and accept the obligations of, Section 607.0505, Florida Statutes. o age I and title II applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIFIECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Addition DELETE 1.1 TITLE TITLE GAVETT, MARTHA J 1.2 NAME CR2E034 NAME 1850 LEE ROAD SUITE 327 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 1.4 City-St-ZiP CITY_ST-ZF DELETE Change Addition 2.1 TITLE Tille HALPER, ANDREA S N4ME 2.2 NAME 1850 LEE ROAD SUITE 327 2.3 STREET ADDRESS STREET ADDRESS - 2 WINTER PARK FL 32789 2. 4 City-ST-ZiP CITY: ST DELETE 3.1 TITLE Change Addition TIFLE 3.2 NAME NAM: 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 41 TITLE THEF 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7iP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE 6.2 NAME NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

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 providing nor the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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