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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000080896 (1)

1. Corporation Name
OFFICE SENSE, INC.

Principal Place of Business
661 FELLSMERE ROAD, SUITE A
SEBASTIAN FL 32958

Mailing Address
661 FELLSMERE ROAD, SUITE A
SEBASTIAN FL 32958-4313

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0531093 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
ECKIS, BRENDA E
661 FELLSMERE ROAD, SUITE A
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent
31 Name: MAURA M. RABORN
32 Street Address (P.O. Box Number is Not Acceptable): 155 HARRIS DRIVE
33
34 City: SEBASTIAN FL 35 Zip Code: 32958

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: Maura M. Raborn 04/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg. Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	RABORN, MAURA M	
STREET ADDRESS	155 HARRIS DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/96)

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: Maura M. Raborn MAURA M. RABORN 04/30/97 (561)388-5550