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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000035861

1. Corporation Name

VALUE OFFICE SUPPLIES, INC.

Principal Place	e of Business	Mailing Address					1 199111	i di ci di i di sti di di di	**** ***** *****		(10 E110( 1101 100)
450 FAIRWAY (	DR .	450 FAIRWAY DE	₹			ļ					
#102	ACIL EL BOARA	#102	#102 DEERFIELD BEACH FL 33441					DO NOT	WOITE IN T	HIS SPACE	
DEERFIELD BE	AUH FL 33441	DEFULIETO DEW	UT FL 33441			-	3 Date incom	porated or Qua		THO OF AUL	]
					•		05/03/19	995			
2. Principal P	lace of Business	2a. Mailing Addr	ress			- :	4. FEI Numbe			- ·	Applied For
21	04-100-00	26					65-0579	533			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			.	5. Certifcate	of Status Desire	ed 🗀		Additional
22		27									Required
City & State	<b>e</b> .	City & State						ampaign Finan	cing 🗆		May Be d to Fees
23	Country	28 Zip		Country				Contribution			u to rees
Zip	Country	<u></u>	30	Country				ration owes the roperty Tax.	сипелі уез	ir mangible ∐Yes	<b>IZ</b> ⁵No
24	25 9. Name and Address of Cur	rent Pegistered Agent	30					Address of N	ew Registe		<b>y</b> ano
	3. Name and Address of Our	Tent Registered Figure		81	Name		70				
MEY	'er, lisa										
450	FAIRWAY DR			82	Street .	Address	(P.O. Box Nu	mber is Not Ac	ceptable)		ļ
#10	2			83							
DEE	RFIELD BEACH FL 33441						`				
				84	City				I	FL 85 Zi	o Code
		1500 81				<u> </u>					ts registered
11 Pursuant	to the provisions of Sections 607 (	9502 and 607.1508. Flori	ida Statutes, th	ne above	-named	corpora	tion submits th	is statement to	r the purpos		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	ate of Florida. Such chan	ige was authori	ized by i	the corpo	corpora oration's	tion submits the board of direc	is statement fo tors. I hereby a	r the purpos accept the a	ppointment as	registered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obl	ate of Florida. Such chan	ige was authori	ized by i	the corpo	corpora oration's	tion submits the board of direc	is statement fo tors. I hereby a	r the purpos accept the a	ppointment as	registered
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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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP