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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600000894 (1)

OFFICE SYSTEMS SPECIALISTS, INC.

Principal Place of Business Mailing Address 12763 COMMUNITY ROAD 2763 COMMUNITY ROAD JACKSONVILLE FL 82207-7831-JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5090 21 Not Applicable Suite, Apt. #, etc. \$8,75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be TACKSONUI 23 Trust Fund Contribution Added to Fees Zψ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEVINE, GWENDOLYN 2763 COMMUNITY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Standare, typed or professioanne of registated agent and title diapplicable (NOTE Registered Agent a griature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TITLE Change Addition 1/166 LEVINE, GWENDOLYN NAME 1.2 NAME 2312 BARLAD DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210-3805 1.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE 2.1 TITLE Change Addition HILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CITY SL 7 P DELETE Change Addition TILE 3.1 TITLE NAME 3.2 NAME STRUET ADDRESS 3.3 STREET ADDRESS OTY-ST 78 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition HILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP OUY 51 70° DELETE Change \_\_\_ Addition mtt 5.1 TITLE 5.2 NAME NAMi 5.3 STREET ADDRESS STREET ADDIRESS CHY-SI ZP 54 CITY-ST-ZIP DELETE 61 TITLE 90000214302 -04/15/97--01003--026 \*\*\*165.00 100 E 6.2 NAME NAME

14. Too 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 eath; 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHY-ST ZiP

**FILED** 

Apr 14 1997 8:00am

Secretary of State