


FILED

Apr 14 1997 8:00am  
Secretary of State

<div style="display: flex; justify-content: space-between;"> <div> <b>PROFIT CORPORATION</b>  <b>ANNUAL REPORT</b>  <b>1997</b> </div> <div style="text-align: center;">  </div> <div> <b>FLORIDA DEPARTMENT OF STATE</b>  <b>Sandra B. Mortham</b>            Secretary of State  <b>DIVISION OF CORPORATIONS</b> </div> </div>	
<b>DOCUMENT # P96000000894 (1)</b> 1. Corporation Name <b>OFFICE SYSTEMS SPECIALISTS, INC.</b>	
Principal Place of Business <b>2763 COMMUNITY ROAD</b> <b>JACKSONVILLE FL 32207</b>	Mailing Address <b>2763 COMMUNITY ROAD</b> <b>JACKSONVILLE FL 32207-7831</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div> <b>LEVINE, GWENDOLYN</b>  <b>2763 COMMUNITY ROAD</b>  <b>JACKSONVILLE FL 32207</b> </div> <div>           81 Name            82 Street Address            83 City            84 State         </div> </div>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the registered agent, or both, in the State of Florida. Such change was authorized by the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE: _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required)</small>	
<b>12. OFFICERS AND DIRECTORS</b>	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.	
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	



CR2E034 (9/96)