

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 OCT 10 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080310 (1)

1. Corporation Name

CAPITAL OFFICE SUPPLIES, INC.



Principal Place of Business

Mailing Address

11211 SOUTH MILITARY TRAIL  
SUITE 5521  
BOYNTON BEACH FL 33436

11211 SOUTH MILITARY TRAIL  
SUITE 5521  
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1996	3a. Date of Last Report 1st Report
4. FEI Number 65-0697851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 21346 ST. ANDREWS BLVD	26 Suite, Apt. #, etc.
22 SUITE 112	27 City & State
23 BOCA RATON FLA	28 Zip
24 33433	29 Country

9. Name and Address of Current Registered Agent

BERNSTEIN, FREDERICK B  
11211 SOUTH MILITARY TRAIL  
SUITE 5521  
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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



(NOTE: Registered Agent signature required when reinstating)

9/15/97

FL

85

Zip Code

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BERNSTEIN, FREDERICK B
STREET ADDRESS	11211 S. MILITARY TRAIL, #5521
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	<input type="checkbox"/> DELETE
NAME	D JOSELT, RICHARD S
STREET ADDRESS	2070 HOMEWOOD BLVD.
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P, R
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VP, S
23 STREET ADDRESS	200002320652-5
24 CITY-ST-ZIP	-10/15/97--01042--022
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	****165.00 ****165.00
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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.

9/15/97

521-369-1099

CR2E034 (4/97)

(2)

**Capital Office Supplies**

**21346 St. Andrews Blvd.**

**Suite 112**

**Boca Raton, Florida 33433**

**September 15, 1997**

**Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314**

**Dear Gentlemen:**

Due to an unforeseen state of affairs our secretary and/or bookkeeper left our company under less than favorable circumstances. I discovered many of our corporate files were missing. Gratefully I was able to retrieve the majority, however among the files were no records to indicate that we ever received the first notice of filing for the annual corporation report. It was only at receiving the second notice that I became aware that the annual report had not been taken care of by our secretary and/or bookkeeper. Therefore I respectfully request that you accept the notice with the original filing fees of \$165.00

Please contact me at the number herein if you have any questions. Thank you for your consideration in this perplexing situation.

Sincerely,



**Frederick Bernstein  
President**