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.)

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997 1998

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

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
FEI Number: 65-0697851
Applied F
Not Appli

2. Principal Place of Business
21: 21346 ST. ANDREWS BLVD
22 Suite/Apt. #, etc.: SUITE 112
23 City & State: BOCA RATON FLA
24 Zip: 33433
25 Country:

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

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERNSTEIN, FREDERICK B 11211 SOUTH MILITARY TRAIL SUITE 5521 BOYNTON BEACH FL 33436	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ 9/16/97 4/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNSTEIN, FREDERICK B 11211 S. MILITARY TRAIL, #5521 BOYNTON BEACH FL 33436	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P, T	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOSELIT, RICHARD S 2070 HOMEWOOD BLVD. DELRAY BEACH FL 33445	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP, S	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600002536846 -05/27/98--01079---005 ***150.00	☐ Change ☐ Add

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; 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: _____ 9/16/97 4/16/98 561-369-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #