

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
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DOCUMENT # **P96000080310 (1)**

1. Corporation Name
CAPITAL OFFICE SUPPLIES, INC.

Principal Place of Business 11211 SOUTH MILITARY TRAIL SUITE 5521 BOYNTON BEACH FL 33436	Mailing Address 11211 SOUTH MILITARY TRAIL SUITE 5521 BOYNTON BEACH FL 33436
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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 Applied ☐
5. Certificate of Status Desired ☐	\$8.75 Addition 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	

2. Principal Place of Business 21346 ST. ANDREWS BLVD	2a. Mailing Address
Suite, Apt. #, etc. SUITE 112	Suite, Apt. #, etc.
City & State BOCA RATON FLA	City & State
Zip 33433	Country

9. Name and Address of Current Registered Agent BERNSTEIN, FREDERICK B 11211 SOUTH MILITARY TRAIL SUITE 5521 BOYNTON BEACH FL 33436	
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10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 
Signature, typed or printed name of registered agent and file if applicable

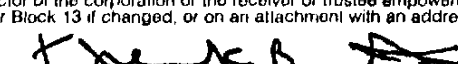
(NOTE: Registered Agent signature required when reinstating)

DATE **9/16/97 4/16/98**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
1.1 TITLE	☐ Change ☒ Add
1.2 NAME	P, T
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Add
2.2 NAME	VP, S
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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. 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: 

600002536846
-05/27/98--01079--005
*****150.00**

9/16/97 4/16/98
561-369-1099