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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S48291

(6)

1. Corporation Name

CUSTOM OFFICE PRODUCTS, INC.

Principal Place of Business

12300 AUTOMOBILE BLVD.
CLEARWATER FL 34622
US

Mailing Address

12300 AUTOMOBILE BLVD.
CLEARWATER FL 34622-4425
US



3. Date Incorporated or Qualified

04/26/1991

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3063886

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ZIMMERMAN, STEVE
12300 AUTOMOBILE BLVD.
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

11 Name

12 Street Address (P.O. Box Number is Not Acceptable)

13

14 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD ☐ DELETE

NAME LYNCH, MICHAEL
STREET ADDRESS 12300 AUTOMOBILE BLVD.
CITY-ST-ZIP CLEARWATER FL

TITLE PSD ☐ DELETE

NAME ZIMMERMAN STEVE
STREET ADDRESS 12300 AUTOMOBILE BLVD.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 12

1.1 TI

1.2 NF

1.3 SET ADDRESS

1.4 CI-ST-ZIP

2.1 TI

2.2 NF

2.3 SET ADDRESS

2.4 CI-ST-ZIP

3.1 TI

3.2 NF

3.3 SET ADDRESS

3.4 CI-ST-ZIP

4.1 TI

4.2 NF

4.3 SET ADDRESS

4.4 CI-ST-ZIP

5.1

5.2

5.3 SET ADDRESS

5.4 CI-ST-ZIP

6.1

6.2

6.3 SET ADDRESS

6.4 CI-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 file 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)