

**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.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 22 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82969 (4)

1. Corporation Name
PAPERFLOW, INC.



Principal Place of Business 525 WEST HARVARD STREET ORLANDO FL 32804-5321	Mailing Address PO BOX 547307 ORLANDO FL 32854-7307 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1211 S. OSCEOLA AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 PO BOX 560012 Suite, Apt. #, etc.
22 City & State 23 ORLANDO, FL	27 City & State 28 ORLANDO, FL
24 Zip 32806 Country	29 Zip 32856-0012 Country ORANGE

3. Date Incorporated or Qualified 09/26/1991	3a. Date of Last Report 03/11/1996
4. FEI Number 59-3085282	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent

**ICARDI, JEFFREY A.
990 LEWIS DRIVE
WINTER PARK FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
237 Lookout Place Suite 100

83

84 City **MAITLAND** FL 85 Zip Code **32751**

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 PD	DELETE <input type="checkbox"/>
NAME MCQUEEN, MARGARET E.	
STREET ADDRESS 525 W. HARVARD ST.	
CITY-ST-ZIP ORLANDO FL	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS 1211 S. OSCEOLA AVE.	
1.4 CITY-ST-ZIP ORLANDO, FL 32806	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS 100002250381--6	
2.4 CITY-ST-ZIP -07/29/97--01053--003	
	****173.75 ****173.75
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

JB
7-23-97

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.

SIGNATURE _____

CR2E034 (4/97)

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Paperflow, Inc.																			
										PO Box 560012 Orlando, Florida 32856-0012									
										Phone: 407.648.0191 Fax: 407.481.2236									

July 15, 1997

To whom it concerns:

I believe I never received the 1st notice this year. Therefore, I am submitting the normal amount of money and hope that this will allow me to be in good standing. Thank you for your attention to this matter.

Sincerely,



Maggie McQueen
President