

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V23135

(9)

1. Corporation Name

OFFICE SCOPE, INC.

Principal Place of Business

1900 KENASTON RD.
MAITLAND FL 32751
US

Mailing Address

1900 KENASTON RD.
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/19/1992

3a. Date of Last Report
06/28/1994

4. FEI Number
59-3113092

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

21 338 Park Ave., N.

2a. Mailing Address

26 338 Park Ave., N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Winter Park FL

City & State

28 Winter Park FL

Zip Country

24 32789 25 USA

Zip Country

29 32789 30 USA

9. Name and Address of Current Registered Agent

REGASPI, G.
816 NORTH SUMMERLIN AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
Bettie Petersen
82 Street Address (P.O. Box Number is Not Acceptable)
338 Park Ave., N.
83

84 City Winter Park FL 85 Zip Code 32789

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REGASPI, LISA F.
816 N. SUMMERLIN AVE.
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PETERSEN, BETTYE
1900 KERSTON RD.
MAITLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PSD
Bettie Petersen
338 Park Ave., N.
Winter Park FL 32789
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/95

DATE

644-5211

OFFICE PHONE