

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90156 038 ***150.00

DOCUMENT # **V23135**

1. Corporation Name
OFFICE SCOPE, INC.

Principal Place of Business

**5415 LAKE HOWELL ROAD
#167
WINTER PARK FL 32792
US**

Mailing Address

**5415 LAKE HOWELL ROAD
#167
WINTER PARK FL 32792
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1992

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**PETERSEN, BETTYE
515 LIGHTNING TRAIL
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **BETTYE PETERSEN**

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

77 BEACH ST.

83

84 City **PONCE INLET**

FL

85 Zip Code **32127**

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

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

(NOTE: Registered Agent signature required when reinstating)

2/24/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **PETERSEN, BETTYE**
STREET ADDRESS **515 LIGHTNING TRAIL**
CITY-ST-ZIP **MAITLAND FL**

TITLE **V** ☐ DELETE
NAME **PETERSEN, BETTYE**
STREET ADDRESS **515 LIGHTNING TRAIL**
CITY-ST-ZIP **MAITLAND 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

☒ Change ☐ Addition
11 TITLE
12 NAME
13 STREET ADDRESS **77 BEACH ST.**
14 CITY-ST-ZIP **PONCE INLET FL 32127**

☒ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS **77 BEACH ST**
24 CITY-ST-ZIP **PONCE INLET FL 32127**

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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, with all other like empowered

SIGNATURE: *Betty Petersen* **BETTYE PETERSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (407) 718-7843

DATE

DAYTIME PHONE #

CR2E034 (11/98)