

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
&
FILED**

DOCUMENT # V32264 (6)

1. Corporation Name

OFFICE MANAGEMENT SERVICES, INC.

95 MAY -1 AM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 2356
SUITE PH-3
GLENVIEW IL 60025
US

PO BOX 2356
SUITE PH-3
GLENVIEW IL 60025
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1992

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 P.O. Box 2356, GLENVIEW, IL 60025

2a. Mailing Address

26 P.O. Box 2356, GLENVIEW, IL 60025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0330649

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, LISA BETH
1440 S. BAYSHORE DRIVE
SUITE PENTHOUSE 3
MIAMI FL 33131

81 Name

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

83

84 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALL, LISA
STREET ADDRESS	2557 INDIAN RIDGE COURT
CITY - ST - ZIP	GLENVIEW IL
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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☒ Change ☐ Addition
12. NAME	WALL, LISA	
13. STREET ADDRESS	3000 Willow Rd.	
14. CITY - ST - ZIP	NORTH BROOK, FL 33062	
2. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
3. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lisa Beth Wall LISA BETH WALL

1/12/95 708-498-6526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number