

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V50540**

1. Corporation Name
THE OFFICE EXTENSION COMPANY INC

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **02/14/92** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **153 E. PALMETTO PARK RD** 26 **153 E. PALMETTO PARK RD**

4. FEI Number **65-0345011** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State **Boca Raton FL** 28 City & State **Boca Raton FL**

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip **33432** 25 Country 29 Zip **33432** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
E. Moss same as above

10. Name and Address of New Registered Agent
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ERIC MOSS
STREET ADDRESS		1.3 STREET ADDRESS	153 E. PALMETTO PARK RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	KATHLEEN MOSS
STREET ADDRESS		2.3 STREET ADDRESS	153 E. PALMETTO PARK RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DONNA YVANUSKAS
STREET ADDRESS		3.3 STREET ADDRESS	153 E. PALMETTO PARK RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	200001850802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	06/04/96-01154-043
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sandra B. Mortham**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

CR2E034 (12/95)