


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

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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90069 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054320
 1. Corporation Name
POWELL OFFICE SUPPLY CO.



Principal Place of Business 117 MAGNOLIA AVE. SANFORD FL 32771	Mailing Address 117 MAGNOLIA AVE. SANFORD FL 32771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24	Zip Country 29

3. Date Incorporated or Qualified 06/19/1997	Applied For Not Applicable
4. FEI Number 59-3453403	
5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
ALTEMOSE, MATTHEW P
117 MAGNOLIA AVE.
SANFORD FL 32771

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	ALTEMOSE, MATTHEW P
STREET ADDRESS	407 DORCHESTER SQUARE
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	D <input type="checkbox"/> DELETE
NAME	ALTEMOSE, TIFFANY M
STREET ADDRESS	407 DORCHESTER SQUARE
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALTEMOSE, MATTHEW P.
1.3 STREET ADDRESS	128 SHEALEY RD.
1.4 CITY-ST-ZIP	LAKE MARY, FL. 32746
2.1 TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALTEMOSE, TIFFANY M.
2.3 STREET ADDRESS	128 SHEALEY RD.
2.4 CITY-ST-ZIP	LAKE MARY, FL. 32746
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Matthew P. Altemo **MATTHEW P. ALTEMOSE** Date **4/19/99** Daytime Phone # **407/322-5842**

CR2E034 (1/98)