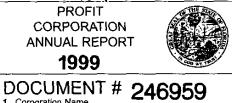
FILE DW FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90013 031 ***150.00

 Corporatio 												
CROWN	SANITARY SUPPLY, INC.											
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t .				·				<u>'</u>				1 1 1 1 1 1 1 1 1 1 1
Principal Plac	e of Business	M	lailing Address									6:6: 0:0: 190
5553 RAVENSWOOD RD 5553 RAVENSWOOD RD												
SUITES 105-108 SUITES 105-108								ĺ	DO NOT WEITE	IN THIS	SDACE	
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
									04/27/1961			ļ
2 Principal P	Mace of Rusiness	22	. Mailing Address		<u>-</u>				FEI Number			pplied For
									59-0920335		<u> </u>	ot Applicable
Suite, Apt.	# etc	20	Suite, Apt. #, etc.		_			\Box				Additional
22 27									Certifcate of Status Desired			Required
City & State City & State								6	Election Campaign Financing		\$5.00	May Be
23			28					٠,	Trust Fund Contribution			to Fees
Zip	Country		Zip	Coul	ntry			8.	This corporation owes the currer	nt year Int	angible	
24	25 29			30	30			1	Personal Property Tax.	-	X Yes	□No _
	9. Name and Address of Curre	nt Regi	stered Agent					10.	Name and Address of New Re	gistered	Agent	
					81	Name						
	(ELSTEIN, MARK			}	82	Street	Addres	ss (P	O. Box Number is Not Acceptab	le)		
5553 ANGLERS AVE, 105-108					62 Street Addi			٠, ٥٠				
FT LAUDERDALE FL 33312				1	83					-		_
	•			}	84	City					85 Zip	Code
					U -7	City			•	FL	. 5	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	607.1508, Florida Statute	es, the at	οove	e-named	corpor	ation	submits this statement for the p	urpose of	changing it	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	ations of	da. Such change was a f, Section 607.0505, Flo	umonzed rida Statu	ıtes	the corpo	oranon	S 00	ard of directors. I hereby accept	me appoi	idineili as u	egistered
SIGNATURE	, ,											1
	Signature, typed or printed name of registered ag-			Registered	Agen	nt signature r	equired v			DATE		
12	OFFICERS A	ND DIRE		13.					ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PVS		☐ DELETE	1.1 TIT		,)				Change	☐ Addition
NAME	FINKELSTEIN, MARK			1.2 NA								
STREET ADDRESS						FADDRESS	Ì					
CITY-ST-ZIP	FT LAUDERDALE FL 33312		□ pereze	14 CIT		T- ZIP	 				☐ Change	Addition
TITLE			☐ DELETE		2.1 TITLE		1				□ Cusuge	[] Addition
NAME					2.2 NAME		ĺ					
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NAME				4. 2 NA			ĺ					
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NAME						ADDRESS	ĺ					
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CITY-ST-ZIP	 		☐ DELETE	6.1 TIT		,	 				Change	Addition
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NAME						ADDRESS	İ					
STREET ADDRESS				6.4 CIT)					
CITY-ST-ZIP				0.4 CH	1-3	1-ZIF	I					

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:

NAME OF SIGNING OPPIGER OR DIRECTOR