FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:07

DOCUMENT # 508261 (5)

1. Corporation Name
ABCO SUPPLIES, INC.

Principal Place of Business	Mailing Address
591 NW 71ST ST. MIAMI FL 33150	591 NW 71ST ST. MIAMI FL 33150

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1976	3a. Date of Last Report: 06/21/1994
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 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 59-1700525	☐ 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

GUIFFREDA, SAM
591 NW 71ST ST.
MIAMI FL 33150

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 607.1509, 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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	11 TITLE	NEW TITLE ST, P, D	☒ Change ☐ Addition
NAME	GUIFFREDA, SAM	12 NAME		
STREET ADDRESS	591 NW 71ST ST.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	GUIFFREDA, SAM	22 NAME		
STREET ADDRESS	591 NW 71ST ST.	23 STREET ADDRESS	REMOVE & COMBINE W/ FIRSTLINE	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	MANLEY, ROBERT	32 NAME		
STREET ADDRESS	4260 L B MCLEOD RD	33 STREET ADDRESS	REMOVE	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	SALAZAR, EDWARD	42 NAME	SALAZAR, EDWARD	
STREET ADDRESS	1123 W 37TH ST	43 STREET ADDRESS	1645 NE 167TH ST	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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.

SIGNATURE: Sam Guiffreda 2/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Sam Guiffreda

0163837 CP