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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F55939

(5)

PLUSCO SUPPLY CORP.

Principal Place of Business

6350 EAST ROGERS CIRCLE BOCA RATON FL 33487

Mailing Address

6350 EAST ROGERS CIRCLE **BOCA RATON FL 33487**

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1981

5. Certificate of Status Desired 1.1	Not Applicable \$8.75 Additional
	\$8.75 Additional
5. Certificate of Status Desired	
22 27	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the current	
24 25 29 30 Personal Property Tax due June 30.	
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent	ent
BORTZ, SCOTT 81 Name	
COEO FACT POCEDE CIDOLE	
BOCA RATON FL 33487 82 Street Address (P.O. Box Number is Not Acceptable)	
83	•
!	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 of	nanging its registered
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 Scott Bort = Muraging-Director 1/28/	98
Signature: typed or printed name in registered agent and fills if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE MD L DELETE 1.1 TITLE	Change Addition
NAME BORTZ, SCOTT 1.2 NAME	
STREET ADDRESS 18185 181ST CIRCLE SOUTH 1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 1.4 CITY-ST-ZIP	
TITLE P LIDELETE 2.1 TITLE	Change Addition
NAME BORTZ, SHARON 2.2 NAME	
STREET ADDRESS 2188 NW 62ND DR 2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 2.4 CITY-ST-ZIP	
	Change Addition
NAME BORTZ, NORMAN 3.2 NAME	_
STREET ADDRESS 2188 NW 62ND DR 3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL. 34, CITY-ST-ZIP	
	Change
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 5.2 NAME	S. S
STREET ADDRESS 5.3 STREET ADDRESS	
	Change Addition
_	Owningo CT Variabilit
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STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 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.

SIGNATURE: