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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H05626

(7)

STUART SUPPLY, INC.

FILED Feb 13 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address								
1341 NW 15TH STREET POMPANO BEACH FL 33069 US 2. Principal Place of Business 1341 NW 15TH STREET		P.O. BOX 9370 DAVIE FL 33075-9370 US									
			-				3. Date Incorporated or Qualified 05/30/1984		te of Last 26/1996	•	
1071	lace of Business NW 15TH STREET		failing Address P.O. BOX 9	370			4. FEI Number 59-2525326			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				* * * * * * * * * * * * * * * * * * * *	5. Certificate of Status Desired	Q.	\$8.75	Additional	
22 City & State	e	27 C	ity & State	·		·	6. Election Campaign Financing			Required	
23 POMPA	NO BEACH, FL	28 CORAL SPRINGS, FL					Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24 33069	Country 25 BROWARD	29 Z	33075	30 BR		ARD	This corporation has liability for Florida Statutes	intangible Yes		s. 199.032,	
	9. Name and Address of Current	Register	red Agent				10. Name and Address of New R	egistered .	Agent		
	DELMAN, JEFF STUART				81	Name _P	ASSARIELLO, JOHN				
9529 SEA TURTLE DRIVE PLANTATION FL 33324					82	Street Address (P.O. Box Number is Not Acceptable) 6434 NW 5TH WAY					
					83						
	•			1	84	-	T. LAUDERDALE	FL		3389	
11. Pursuant	to the provisions of Sections 607.0502	and 607	1508, Florida Stati	utes, the ab	ove	-named corp	poration submits this statement for the ion's board of directors. I hereby acce	purpose of	changing	its registered	
agent la	m familia with ago accept the obliga	tiggs of S	otion 607.0505, F	lorida Stati	ites			مرحه ۱۵۰۵ مارم موسد	Josk	رد 100 الم	
SIGNATURE	Sityrian of the State of Miles	V / J	May	()			red when reinstating)	DATE	ן מונדין		
12.	OFFICERS AND	DIRECTO	ORS (NC	13.	жде	iii sigraitule requi	ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12	
THTLE	PTD		DELETE	1.1 TH	LE			02.107410	☐ Change		
NAME	Nudelman, jeff stuart			1.2 NA	ME		+				
STREET ADDRESS	9529 SEA TURTLE DR.			1.3 ST	REET .	ADDRESS	Ť:				
CITY-ST-ZIP	PLANTATION FL			1.4 C(1	Y-\$1	1-Z#P					
TITLE	SD		LI DELETE	2.1 TIT	LĒ				☐ Change	Addition	
NAME	NUDELMAN, JOYCE			2.2 NA							
STREET ADDRESS	9529 SEA TURTLE DR.			1		ADDRESS					
CITY - ST - ZIP	PLANTATION FL		DELETE	2. 4 CI		T-ZIP			T 1 05	Addition	
TITLE NAME			[""] hereit	3.1 111					Change	Addition	
STREET ADORESS				3.2 NA		ADDRESS					
CITY-ST-ZIP				3.4. CI							
TITLE			DELETE	4.1 111		4.0	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				4. 2 N							
STREET ADDRESS				4.3 ST	REET .	ADDRESS					
DITY-ST-ZIP				4.4 CII							
TITLE			DELETE	5.1 III					☐ Change	Addition	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 ST	REET	ADDRESS					
CITY-ST-ZIP				5.4 CIT		i - ZIP					
TPTLE			DETELE	6.1 TIT					Change Change	Addition	
NAME				6.2 NA			•				
STREET ADDRESS						ADDRESS	•				
CITY - S7 - ZIP		<u> </u>	70:	6.4 CI	Y-\$	-2IP					

I do 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 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 direction 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.