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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K58775** **(3)**

1. Corporation Name
MIKE'S SERVICE & SUPPLY, INC.

Principal Place of Business	Mailing Address
221-E SOUTHEAST 6TH AVENUE BOYNTON BEACH FL 33435	221-E SOUTHEAST 6TH AVENUE BOYNTON BEACH FL 33435-4547

3. Date Incorporated or Qualified: 01/17/1989
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business
21: 1601 NORTH FEDERAL HWY
22: Suite, Apt. #, etc.
23: DELRAY BCH. FL
24: Zip 33483
25: Country USA

2a. Mailing Address
26: 1601 NORTH FEDERAL HWY
27: Suite, Apt. #, etc.
28: DELRAY BCH FL
29: Zip 33483
30: Country USA

4. FEI Number: 65-0108559 ☐ 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

BORSOS, MICHAEL B.
221-E S.E. 6TH AVENUE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name: MICHAEL B BORSOS
82 Street Address (P.O. Box Number is Not Acceptable): 1601 N FEDERAL HWY
83:
84 City: DELRAY BCH FL 85 Zip Code: 33483

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: Michael B Borsos MICHAEL B. BORSOS 2-2-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BORSOS, MICHAEL B.		1.2 NAME		
STREET ADDRESS	221-E SE 6TH AVE.		1.3 STREET ADDRESS	1601 N FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	T	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BORSOS, MICHAEL B.		2.2 NAME		
STREET ADDRESS	221-E SE 6TH AVE.		2.3 STREET ADDRESS	1601 N. FEDERAL HWY	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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: Michael B Borsos MICHAEL B BORSOS 2/2/97 561-243-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #