

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M10644**

(6)

1. Corporation Name

ABC SUPPLIES & EQUIPMENT, INC.



Principal Place of Business

**1345 N. MIAMI AVE.
MIAMI FL 33136**

Mailing Address

**1345 N. MIAMI AVE.
MIAMI FL 33136**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**FRIEDEBERG, HERMAN
1345 N. MIAMI AVE.
MIAMI FL 33136**

3. Date Incorporated or Qualified

01/29/1985

3a. Date of Last Report

02/20/1995

4. FEI Number

59-2496479

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

10. Name and Address of New Registered Agent

8. Name

8. Street Address (P.O. Box Number is Not Acceptable)

8. City

8. State

FL

8. Zip Code

11. Pursuant to the provisions of Sections 607.07(1)(b) and 607.15(1)(b) 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, Sections 607.07(1)(b) and 607.15(1)(b) Florida Statutes.

SIGNATURE

Signature of person submitting this report (must be an officer or director)

Signature of person submitting this report (must be an officer or director)

Date

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	FRIEDEBERG, HERMAN	
STREET ADDRESS	1345 N. MIAMI AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	FRIEDEBERG, HERMAN	
STREET ADDRESS	1345 N. MIAMI AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(g), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)