

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra S. Northam  
Secretary of State  
DIVISION OF CORPORATIONSAPPROVED  
AND  
FILED

98 APR 20 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M10644

1. Corporation Name:

ABC Supplies + Equipment  
INC

Principal Place of Business

Mailing Address

1345 North Miami Ave  
Miami, FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1/29/85

2. Principal Place of Business

2a. Mailing Address

Same as above

Same as above

4. FEI Number

59-2496479

Applied Fee

Not Applicable

Date, Apt #, etc

Date, Apt #, etc

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

6. Election Campaign Financing

☐

\$5.00 May Be

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

7. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Robert Sorota

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

1345 North Miami Ave

83. City

City

FL

Zip Code

33136

14. Pursuant to the provisions of Sections 607.0501 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 hereby accepting the obligation to maintain the corporation's records in the State of Florida.

SIGNATURE

Signature of the person who is authorized to execute this statement

(NOTE: Registered Agent signature required when terminating)

DATE

Signature of the person who is authorized to execute this statement

(NOTE: Registered Agent signature required when terminating)

DATE

13. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

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