

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 FEB 27 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 288527 (5)**

1. Corporation Name

**MODERN SUPPLY CO., INC.**

Principal Place of Business

**3801 N. 50TH AVE.  
HOLLYWOOD FL 33021  
US**

Mailing Address

**3801 N 50TH AVE  
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/14/1971**

3a. Date of Last Report

**03/01/1994**

4. FEI Number

**59-1108820**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**BRANDE, MICHAEL  
3801 N. 50TH AVENUE  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

**P**

NAME

**BRANDE, MICHAEL S**

STREET ADDRESS

**3801 N. 50TH AVE.**

CITY - ST - ZIP

**HOLLYWOOD FL**

TITLE

**V**

NAME

**BRANDE, MICHAEL L**

STREET ADDRESS

**4479 HARBOR N COURT**

CITY - ST - ZIP

**JACKSONVILLE FL**

TITLE

**S**

NAME

**BRANDE, LUCILLE J**

STREET ADDRESS

**3801 N. 50TH AVE.**

CITY - ST - ZIP

**HOLLYWOOD FL**

TITLE

**V**

NAME

**MAMONE, LINDA A**

STREET ADDRESS

**704 SOMERSET ST**

CITY - ST - ZIP

**FRANKLIN LAKES NJ**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(k), Florida Statutes. I further certify that the information indicated on the 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL S. BRANDE**

**2/22/95**

**(305) 983-4925**