SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 379553 (1)  L & G SUPPLIERS, INC.							E ARRISO DINI TRAIR FRIDI RING	<b>1</b> 11 <b>15</b> 1 (1111 <b>1</b> 11111 1	) 	<b>i ài á</b> il <b>ai t</b> il 1841
Principal Place	e of Business		Mailing Addre		_ <del></del>					
			maning reserv	233						
7027 WEST I	BRO. BLVD.		7027 WEST #280	BRO. BLVD.						
PLANTATION	FL 33317		PLANTATION	I FL 33317			3. Date Incorporated or Quali	Ford Tax	Date of Las	
US			US				03/29/1971	1	07/25/19	
2. Principal Place of Business 11 Suite, Apt. #, etc			2a. Mailing Address			4. FEI Number	<u>.</u>	Applied For		
		Suite Apt #, etc				<b>59-1349483</b> Not Applicable				
					5. Certificate of Status Desired S8.75 Additional Fee Require					
City & State	e		City & Sta	te.			E Claston Commiss Since of			
23			28				<ol> <li>Election Campaign Financi</li> <li>Trust Fund Contribution</li> </ol>	ng 🔲		<b>00</b> May Be ed to Fees
Zip	Cour	ntry	Zip		Country	у	8. This corporation has liabilit	y for intang b	•	
24	25		29		30		Florida Statutes	Yes	<del></del>	
			nt Registered Agen	nt	81	Name	10. Name and Address of Ne	w Registere	d Agent	
MCGONIGLE, JAMES T.,P.A.									-14	
	27 West Browar Anatation FL 33:		280		82	Street Add	lress (P.O. Box Number is Not Acce	optable)		
PL	ANATATION FL 33	) I f			83					
					84	City			Terr =	ho Cod-
						' '		F	LII	ip Code
office or re	egistered agent, or bo	th in the State	of Elorida, Suco also		S. LIC DISOVE	and not con-	poration submits this statement for t	are brackage (	or crianging	ns registered
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agent. I at SIGNATURE	m familiar with, and ac	cept the obliga	ations of, Section 60	ange was au 07.0505, Flor	rida Statutes	the corporat	rred when reinstation))	DATe		
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that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-19-96 (954) 524-1467