SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:23

DOCUMENT # 557139 (3)

1. Corporation Name

ONE SOURCE SUPPLY, INC.

Principal Place of Business	Mailing Address
3901 NORTH 29TH AVENUE HOLLYWOOD FL 33020	3901 NORTH 29TH AVENUE HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1978
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1786182 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24; Country — 25; Zip — 29; Country — 30

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

MARBIN, EVAN R ESQUIRE
48 EAST FLAGLER ST., PENTHOUSE 104
MIAMI FL 33131

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City — FL — 65 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 reinstating — DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	COHEN, FREEMAN	1 2 NAME	
STREET ADDRESS	3901 NORTH 29TH AVENUE	1 3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL 33020	1 4 CITY, ST, ZIP	
TITLE	VP	2 1 TITLE	☐ Change ☐ Addition
NAME	COHEN, ARNOLD	2 2 NAME	
STREET ADDRESS	3901 NORTH 29TH AVENUE	2 3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL 33020	2 4 CITY, ST, ZIP	
TITLE	VP	3 1 TITLE	☐ Change ☐ Addition
NAME	COHEN, LARRY	3 2 NAME	
STREET ADDRESS	3901 NORTH 29TH AVENUE	3 3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL 33020	3 4 CITY, ST, ZIP	
TITLE	VP	4 1 TITLE	☐ Change ☐ Addition
NAME	BELLACK, LAWRENCE	4 2 NAME	
STREET ADDRESS	3901 NORTH 29TH AVENUE	4 3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL 33020	4 4 CITY, ST, ZIP	
TITLE	STD	5 1 TITLE	☐ Change ☐ Addition
NAME	COHEN, BARBARA	5 2 NAME	
STREET ADDRESS	3901 NORTH 29TH AVENUE	5 3 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL 33020	5 4 CITY, ST, ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY, ST, ZIP		6 4 CITY, ST, ZIP	

CR2E034 (3/95)

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 119.07(3)(k), 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: Freeman Cohen — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Freeman Cohen

Date: 6/21/95 — Daytime Phone #: 305 ...

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