

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 557139 (3)

1. Corporation Name

ONE SOURCE SUPPLY, INC.



Principal Place of Business

3901 NORTH 29TH AVENUE
HOLLYWOOD FL 33020

Mailing Address

3901 NORTH 29TH AVENUE
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

01/11/1978

3a. Date of Last Report

06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

303 HARPER DRIVE

4. FEI Number

59-1786182

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

MOORESTOWN, NJ

Zip

Country

24

25

29

08057

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, FREEMAN	
STREET ADDRESS	3901 NORTH 29TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ARNOLD	
STREET ADDRESS	3901 NORTH 29TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, LARRY	
STREET ADDRESS	3901 NORTH 29TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BELLACK, LAWRENCE	
STREET ADDRESS	3901 NORTH 29TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, BARBARA	
STREET ADDRESS	3901 NORTH 29TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM GREEN	
1.3 STREET ADDRESS	303 HARPER DRIVE	
1.4 CITY-ST-ZIP	MOORESTOWN NJ 08057	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL TOOMEY	
2.3 STREET ADDRESS	303 HARPER DRIVE	
2.4 CITY-ST-ZIP	MOORESTOWN, NJ 08057	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Michael Toomey MICHAEL TOOMEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

609-439-1222

Daytime Phone #

CR2E034 (12/95)