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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

INTERN	MENT # 59117	PPLIES, INC.			
2455 HOLLYWOOD BLVD 2455 HOLLYWOOD SUITE 102 SUITE 102 HOLLYWOOD FL 33020 HOLLYWOOD FL 3		Mailing Address			
		HOLLYWOOD FL 33020		DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified 10/25/1978	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1956159	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stato		City & State			Fee Required
23	o	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zφ	Country	8. This corporation owes or has paid t	
24 [25 25 Name and Address of Currel		30	Personal Property Tax due June 30 10. Name and Address of New Regis	
VF	REBAY, LAYNE		81 Name	10, 100 100 100 100 100 100 100 100 100	
190 NE 199 STREET			20 00 00	(D. C. C. M.)	
SUITE 204			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AMI FL 33179		83		
			04 00		les l Zia Codo
			84 City		FL 85 Zip Code
agoni I a SIGNATURE	m familiar with, and accept the oblig	ent and title if applicable (NOTE	rida Statutes. Registered Agent signature requ		DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE	D Robertson, Pauline	☐ DELETE	1.1 TITLE		Change Addition
NAME	5468 DUNDAS ST. W.		1.2 NAME		
STREET ADDRESS	ISLINGTON, ONT. CAND.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	REID, RONALD	_ otten	2.2 NAME		v.ago v.a.u.uuv
STREET ADDRESS	2115 N 44 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY - ST - ZIP		
TITLE	VO	☐ DELETE	3.1 TITLE		Change Addition
NAME	Mantell, Elihu		3.2 NAME		
STREET ADDRESS	12 SCALLOP DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	DENNISPORT MA		3.4. CITY - ST - ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition
NAME	REID, DONNA		4. 2 NAME		i
STREET ADDRESS	2115 N 44 AVE		4.3 STREET ADDRESS	No.	
CITY-S1-ZIP	HOLLYWOOD FL	T Briese	4.4 CITY - ST - ZIP		Change
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY-ST-ZIP 61 TITLE		Change Addition
NAME			6 2 NAME		C Change C Frontion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_CT_7ID			6.6 CITY ST. 7IP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental antityl 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an adachment with an address.

04-01-98

FILED

Apr 07 1998 8:00am

Secretary of State