## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2004 08:00 AM Secretary of State **DOCUMENT # 595988** CONTRACT SUPPLY CORPORATION Principal Place of Business Mailing Address 7380 NW 44TH CT LAUDERHILL, FL 33319 7380 NW 44TH CT LAUDERHILL, FL 33319\_ 01102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1879308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WERMAN, PHILIP G DO NOT WRITE 7380 NW 44TH CT LAUDERHILL, FL 33319 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. mle VPS WERMAN, HONEY MAG 7380 NW 44TH CT STREET ADDRESS CRTY-ST-7IP LAUDERHILL, FL 33319 PD ĦĿ U00000002710 01/13/04-80025-010 150.00 WERMAN, PHILIP G NAME STREET ADDRESS 7380 NW 44TH CT CITY-ST-ZIP LAUDERHILL, FL 33319 III E NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE mu NAN# STREET ADDRESS CHY-ST-ZIP THE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPIND OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2004 954572,499

**FILED**