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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	OOL SUPPLY & SERVICE					
Principal Place	e of Business	Mailing Address			T (BBILLE II AT LAULT IAUS) ATABL ATHE SEAT ALATT	AIAII BIBII DISII BIBII DIBII IODI
14121 SOUTH DIXIE HWY 14121		% JAMES MEEHAN 14121 SOUTH DIXIE HWY MIAMI FL 33176	4121 SOUTH DIXIE HWY		DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 06/08/1982	S SPACE
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		. 26			59-2195494	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 Additional
22		27			5, Certificate of Status Desired	Fee Required,
City & State	8	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	_		Trust Fund Contribution	Added to Fees
Zip	Country	Zìp	Country	/	8. This corporation owes the current year I	
24	25	29 30	<u>o </u>		Personal Property Tax.	☐ Yes ☐ No
	g. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Registere	d Agent
MEE	HAN IANDCE		°'	Name		
MEEHAN, JANICE 14121 SOUTH DIXIE HWY			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176			92	1		· .
MICZIN	MI FE 33176		83	1		
			84	City	F	85 Zip Code
office or n agent. I a SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a	gations of, Section 607.0505, Florid	a Statutes	S.	on's board of directors. I hereby accept the app	
12		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTORS IN 12 Change Addition
TITLE	VS	☐ DELETE	1.1 TITLE			Cliquide Clyddiaeth
NAME	MEEHAN, JAMES		1.2 NAME			
STREET ADDRESS	23950 SW 167TH AVE.		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP		Change Addition
TITLE	l ' '		2.1 TITLE			□ citatige □ Accition
NAME	MEEHAN, JANICE		2.2 NAME	1		
STREET ADDRESS	20000 011 10111121			TADORESS		
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE			3.1 TITLE	İ		
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		}
CITY-ST-ZIP		DELETE	3.4. CITY-		<u> </u>	☐ Change ☐ Addition
TITLE		☐ pereir	4.1 TITLE	1		
NAME			4. 2 NAME	T ADDRESS		
STREET ADDRESS	•					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-3			☐ Change ☐ Addition
			5.2 NAME			,
NAME				ET ADDRESS		
STREET ADDRESS	,		5.4 CITY-			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition

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 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, with all proper like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Janice Mee pan

4/20/99

(305) 235-5311