| FILE | NOW: FILI | NG FEE AI | FTER MAY | 1 IS \$2 | 5.00 | | - | |
|---|--|---|---|---|---------------------------|--|---------------------|--------------------------------|
| COR ANNU | PROFIT PORATION DAL REPORT 1996 | | FLORIDA S | DEPARTMEN andra B. Morth Secretary of St ON OF CORPO | FSTATE | | | |
| | MENT # | F94000 | 000503 | (2) | | | | |
| 1. Corporation | Name T SUPPLY GRO | | 000000 | \ - -/ | | | | |
| or on | I SUFFLI GAO | UP, IINU | | ! | | | | |
| Principal Place | of Business | | Mailing Address | | | | | ONIO BANK ONIO SKA KEN |
| 1901 DIPLOMAT 1901 DIPLOMAT FARMERS BRANCH TX 75234 FARMERS BRANCH TX 7 | | | | | | | | |
| FANMENS D | MNNON IA 73234 | | LAKMERS BRAI | NCH 1X 75234 | | 3. Date Incorporated or Qualified | 3a. Date of | Last Report |
| | | | | | | 02/02/1994 | i i | 07/1995 |
| 2, Principal Pla 21 | ice of Business | | 2a. Mailing Addres | s | | 4. FEI Number 75-2241783 | | Applied For Not Applicable |
| Suite, Apt. # | , etc. | *************************************** | Suite, Apt. #, e | tc. | | 5. Certificate of Status Desired | | \$8.75 Additional |
| City & State | | | City & State | | | Election Campaign Financing | | Fee Required |
| 23 | | | 8 | | | Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip 24 | Couni 25 | | Ζιρ [9] | 30 | try | This corporation has liability for Florida Statutes | | inder s 199.032, |
| | 9. Name and Add | | | 1301 | | 10. Name and Address of New I | | ent |
| TUE DO | ENTICE HALL COD | DODATION OVE | rent into | • | 81 Name | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET | | | | | 82 Street A | oddress (P.O. Box Number is Not Accepta | ble) | |
| SUITE 105 | | | | | 83 | | | |
| TALLAH | ASSEE FL 32301 | | | - | 84 City | | FL | 85 Zip Code |
| 11. Pursuant to | the provisions of Sec | tions 607.0502 and | 607.1508, Florida S | Statutes, the ab | /e-named co | rporation submits this statement for the publicand of directors. I hereby accept the app | | ing its registered office |
| rairmai veru | n, and accept the oblig | ations of, Section 6 | och change was au 07.0505, Florida Sta | thorized by the stutes. | orporation's | pipard of directors, I hereby accept the app | DOILTHEIL S2 LE | gistered agent. Fam |
| SIGNATURE s | lignature, typied or printed name | of registered agent and fit | i i if applicable. | (NOTE: Register | Agenit signature re | x pulsed when reinstating) | CATE | <u> </u> |
| 12. | | OFFICERS AND DIF | | 13 | | ADDITIONS/CHANGES TO OF | | |
| NAME | CD Blumenfeld, I | MICHAELL | ☐ DELF1€ | | | • | L | Change Addition |
| STREET ADDRESS | 1901 DIPLOMAT | | | 1.2 M 1.3 S | ME REET ADDRESS | | | |
| CITY-ST-ZIP | FARMERS BRAI | | | | 1Y - S1 - ZIP | | | |
| TITLE | PD | | [T] DELETE | 2.11 | n e | | | Change Addition |
| NAME STREET ADDRESS | Blumenfeld, 1 1901 diplomat | | | 2.2 N | | | | |
| CITY-ST-ZIP | FARMERS BRAN | | | B. | REET AODRESS FY-ST-ZIP | | | |
| TITLE | VTSD | ···· | DELETE | | | | | Change |
| NAME | ESTILL, WILLIAM | | | 3.2 W | ME | | | |
| STREET ADDRESS | 1901 DIPLOMAT | | | | TREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | FARMERS BRAN AS | ICH IX | DELETE | 34 JI 4 JI | TY-ST-ZIP | Chief Brecutive OFF | ur 🗆 | Change Addition |
| NAME | CAFFEY, JOHN | С | A | 4.2 1 | | Sanford Edkin | | 7 |
| STREET ADDRESS | 1901 DIPLOMAT | | | | FREET ADDRESS | 1901 Diplomast | | |
| CITY-ST-ZIP | FARMERS BRAN | ICH TX | | 4.4 C | 11Y - \$1 - ZIP | Sunford Edkin 1901 Diplomat Farmers Branc | n, Th | 75234 |
| TITLE | AS | | DELFTE | 5. 11 | | | | Change Addition |
| NAME STREET ADDRESS | LABOV, MITCH 1901 DIPLOMAT | | | 5.2 N 5.3 S | ame Freet address | | | |
| CITY-ST-ZIP | FARMERS BRAN | | | | TY-S1-ZIP | | | |
| TITLE | AS | | DELETE | 6 1 T | | | | Change Addition |
| NAME | BABILLA, TERRE | | | 62 N | AME | | | |
| STREET ADDRESS | 1901 DIPLOMAT | | | | THEET ADDRESS | | | |
| 14. I do hereby | FARMERS BRAN certify that the informa | | is filma is voluntarily | | does not au | lalify for the exemption stated in Section 11 | 19.07(3)(k). Florid | da Statutes. I further |

SIGNATURE:

I do hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 331 changed, or on an attachment with an address.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF GINING OFFICER OR DIRECTOR | Date | Dayling Prione #