
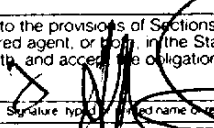
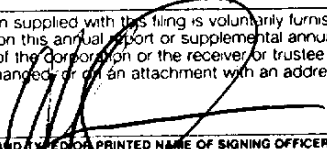


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

| CORPORATION<br>ANNUAL REPORT<br>1995  |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morthan<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
|---|--|---|---|
| DOCUMENT # F94000001586<br>1. Corporation Name  |  |   |   |
| Principal Place of Business<br>S.W. PIPE & Supply Co.<br>133 R+53<br>Addison, IL, 60101   |  | Mailing Address   |   |
| 2. Principal Place of Business<br>21 1103 N. 50th St.   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.   |   |
| 22 City & State<br>23 Tampa, FL   |  | 27 City & State<br>28 Zip<br>29 33602   |   |
| 24 33602  |  | 25 Country<br>26 Country  |   |
| 9. Name and Address of Current Registered Agent<br>HARVEY M. KOGAN<br>1103 N. 50th St.<br>Tampa, FL 33602   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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:  (NOTE: Registered Agent signature required when re-stating) DATE   |  |   |   |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | Abc Kogan, President<br>133 S. Route 53<br>Addison, IL 60101         | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | Secretary<br>STEVE KOGAN<br>133 S. Route 53<br>Addison, IL 60101     | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TREASURER<br>HARVEY M. KOGAN<br>133 S. Route 53<br>Addison, IL 60101 | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |  | 9000001789379<br>-04/22/96--01089--004 Change <input type="checkbox"/> Addition<br>***200.00<br>3/18/95 (608)   |   |
| SIGNATURE: X  Harvey Kogan   |  | Date: 3/18/95 Daytime Phone #   |   |