

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003791 (9)

1. Corporation Name

INDEPENDENT CONTRACTORS SUPPLY OF BROWARD COUNTY
, INC.



Principal Place of Business

Mailing Address

201-A SOUTHWEST 33RD STREET
FT LAUDERDALE FL 33315

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FT LAUDERDALE FL 33315

3. Date Incorporated or Qualified

3a. Date of Last Report

08/07/1995

4. FEI Number

Applied For

APPLIED FOR 65-0596969

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 5840-A DEWEY STREET

26 5840-A DEWEY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hollywood, FL

28 Hollywood, FL

24 Zip Country

29 Zip Country

33023 USA

30 33023 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOVAN, CRAIG E
201-A SOUTHWEST 33RD ST.
FORT LAUDERDALE FL 33315

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5840-A DEWEY STREET

84 City

Hollywood, FL

85 Zip Code

33023

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

Craig E. Govan

(NOTE: Registered Agent signature required when reinstating)

6/6/96

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME PD
KORELISHN, ALBERT
STREET ADDRESS 2827 N.E. 12TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33062

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME S
ERMER, CHARLES D
STREET ADDRESS 4911 S.W. 113TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33330

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☒ Change ☐ Addition

NAME TD
SWAIN, SCOTT
STREET ADDRESS 6299 JOHNSON STREET
CITY-ST-ZIP HOLLYWOOD FL 33024

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME D
DODD, JOHN
STREET ADDRESS 175 S.E. SECOND AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 33441

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME D
HOEKSTRA, DON
STREET ADDRESS 4621 N.E. 6TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☒ Change ☐ Addition

NAME D
KISIAH, GWYN
STREET ADDRESS 11951 S.W. 18TH COURT
CITY-ST-ZIP DAVIE FL 33325

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 954-966-6289

CR2E034 (3/96)