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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

5840-A DEWEY ST.  
HOLLYWOOD FL 33315  
US

Mailing Address

5840-A DEWEY ST.  
HOLLYWOOD FL 33023-1820  
US

3. Date Incorporated or Qualified  
08/07/1995

3a. Date of Last Report  
06/12/1996

2. Principal Place of Business

21 5840-A Dewey St.

2a. Mailing Address

26 5840-A Dewey St.

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

23 Hollywood, FL

City & State

28 Hollywood, FL

Zip

24 33023

Country

25 USA

Zip

29 33023

Country

30 USA

4. FEI Number

65-0596969

Applied For

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

9. Name and Address of Current Registered Agent

GOVAN, CRAIG E  
5840 A DEWEY ST.  
HOLLYWOOD FL 33315

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> DELETE |
| NAME           | KORELISHN, ALBERT        |                                 |
| STREET ADDRESS | 2827 N.E. 12TH STREET    |                                 |
| CITY-ST-ZIP    | POMPANO BEACH FL 33062   |                                 |
| TITLE          | S                        | <input type="checkbox"/> DELETE |
| NAME           | ERMER, CHARLES D         |                                 |
| STREET ADDRESS | 4911 S.W. 113TH AVENUE   |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33330 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | SWAIN, SCOTT             |                                 |
| STREET ADDRESS | 6299 JOHNSON STREET      |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL             |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | DODD, JOHN               |                                 |
| STREET ADDRESS | 175 S.E. SECOND AVENUE   |                                 |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33441 |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | HOEKSTRA, DON            |                                 |
| STREET ADDRESS | 4821 N.E. 6TH AVENUE     |                                 |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33334 |                                 |
| TITLE          | TD                       | <input type="checkbox"/> DELETE |
| NAME           | KISIAH, GWYN             |                                 |
| STREET ADDRESS | 11851 S.W. 18TH COURT    |                                 |
| CITY-ST-ZIP    | DAVE FL                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREAS.

Date

Daytime Phone #

0131821

CR2E034 (9/96)