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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90217 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003791

1. Corporation Name
INDEPENDENT CONTRACTORS SUPPLY OF BROWARD COUNTY
, INC.

Principal Place of Business

5840 A DAVEY ST
HOLLYWOOD FL 33023
US

Mailing Address

5840 A DEWEY ST
HOLLYWOOD FL 33023
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5840 Dewey St
Suite, Apt. #, etc.

22 City & State

23 Hollywood, FL

24 33023 25 USA

2a. Mailing Address

26 5840 Dewey St
Suite, Apt. #, etc.

27 City & State

28 Hollywood, FL

29 33023 30 USA

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 GWYN KIZIAH
82 Street Address (P.O. Box Number is Not Acceptable)
5840 DEWEY ST.
83
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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

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	4621 N.E. 6TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KISIAH, GWYN	
STREET ADDRESS	11951 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 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 other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99

CR2E034 (11/98)