

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004082

1. Corporation Name
KAUFMAN SUPPLY, INC.

Principal Place of Business

2065 S. BAYSHORE DRIVE, STE 901
COCONUT GROVE FL 33133

Mailing Address

2065 S. BAYSHORE DRIVE, STE 901
COCONUT GROVE FL 33133

2. Principal Place of Business

21 4825 Fulton Industrial Blvd.

Suite, Apt. #, etc.

City & State

23 Atlanta, GA.

Zip

24 30336

Country

25 USA

2a. Mailing Address

26 4825 Fulton Industrial Blvd.

Suite, Apt. #, etc.

City & State

28 Atlanta, GA.

Zip

29 30336

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10501 N. W. 11th Ave.
Miami, FL 33150

81 Name

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

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

65-0845711

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME KAUFMAN, RICHARD L
STREET ADDRESS 4825 FULTON INDUSTRIAL BLVD
CITY-ST-ZIP ATLANTA GA

TITLE V ☒ DELETE
NAME SNOW, ROGER
STREET ADDRESS 4825 FULTON INDUSTRIAL BLVD
CITY-ST-ZIP ATLANTA GA

TITLE V ☒ DELETE
NAME GELDER, JOSHUA
STREET ADDRESS 4825 FULTON INDUSTRIAL BLVD
CITY-ST-ZIP ATLANTA GA

TITLE VSD ☐ DELETE
NAME LOGAN, BARRY S
STREET ADDRESS 4825 FULTON INDUSTRIAL BLVD
CITY-ST-ZIP ATLANTA GA

TITLE VASD ☒ DELETE
NAME PEREZ DE LA MESA, MANUEL
STREET ADDRESS 4825 FULTON INDUSTRIAL BLVD
CITY-ST-ZIP ATLANTA GA

TITLE AS ☐ DELETE
NAME HAYES, FRED
STREET ADDRESS 4825 FULTON INDUSTRIAL BLVD
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: *Fred Hayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

404-699-8750

Date

Daytime Phone #

CR2E034 (11/98)

0133653