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Jun 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **G48541** (8)
1. Corporation Name
ADMIRAL SUPPLY CORPORATION

Principal Place of Business
**7177 WEST OAKLAND PARK BLVD
ATTN: B.J. RUBIN
FORT LAUDERDALE FL 33319
US**

Mailing Address
**PO BOX 16866
SUITE 100
PLANTATION FL 33318-6866
US**

3. Date Incorporated or Qualified
07/13/1983
3a. Date of Last Report
4-21-97
4. FEI Number
59-2310977
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, BARRY I

**7177 W. OAKLAND PK BLVD
P.O. BOX 16866
PLANTATION, FLA 33318
FT. LAUD.**

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 am authorized to execute, the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent (if not the same as the name of the registered agent, the name of the registered agent must be typed in Block 12)

(NOTE: The registered agent's signature is not required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **RUBIN, BARRY I.**
STREET ADDRESS **3500 N STATE RD 7 #100**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **P.O. BOX 16866**
1.4 CITY-ST-ZIP **PLANTATION, FLA 33318-6866** **NA**

TITLE **PD** ☐ DELETE
NAME **RUBIN, BARRY I.**
STREET ADDRESS **7177 W. OAKLAND PK BLVD**
CITY-ST-ZIP **FT. LAUD, FLA 33313**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **600002530386**
5.4 CITY-ST-ZIP **-05/20/98--01087--006**
*****750.00**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 or appears in Block 12 or Block 13 if changed, or on an attached page, to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

RED

11-1-98

(054) 346 40000