

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

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90009 026 \*\*\*450.00

0315892

DOCUMENT # G48541

1. Corporation Name  
ADMIRAL SUPPLY CORPORATION

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

Mailing Address  
PO BOX 16866  
SUITE 100  
PLANTATION FL 33318  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1983

4. FEI Number

59-2310977

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 2151 W. Hillsboro Blvd

Suite, Apt. #, etc.

22 SUITE 211

City & State

23 DEERFIELD BEACH, FL 33442

Zip

Country

24

25

2a. Mailing Address

26 PO Box 16866

Suite, Apt. #, etc.

27 PLANTATION, FLA

City & State

28 33318 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RUBIN, BARRY I  
7177 WEST OAKLAND PARK BLVD  
PLANTATION FL 33318

10. Name and Address of New Registered Agent

81 Name

B. I. RUBIN

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

2151 W. HILLSBORO BLVD

83

SUITE 211

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

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

TITLE PD  
NAME RUBIN, BARRY I.  
STREET ADDRESS P.O. BOX 16866 ((N/A))  
CITY-ST-ZIP PLANTATION FL 33318-6866

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
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, withal other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

4-15-99

954 4818661

CR2E034 (11/98)