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

[redacted]

[redacted]

DOCUMENT # H35763

1. Corporation Name

~~KAN INDUSTRIAL DIAMOND CORPORATION~~

COMPLETE SUPERABRASIVES SUPPLIES, INC.

Principal Place of Business	Mailing Address
1111 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442	1111 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1984

2. Principal Place of Business
21 110 SE 6th Street
Suite, Apt. #, etc.
22 15th Floor
City & State
23 Ft. Lauderdale, FL
Zip 24 33301 Country 25 USA

2a. Mailing Address
26 110 SE 6th Street
Suite, Apt. #, etc.
27 15th Floor
City & State
28 Ft. Lauderdlae, FL
Zip 29 33301 Country 30 USA

4. FEI Number: 65-0023196 ☐ 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

9. Name and Address of Current Registered Agent

MICHAEL B HORNSTEIN
1111 W NEWPORT CNTR DR
DEERFIELD BCH FL 33442

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPF HORNSTEIN, MICHAEL 1111 W NEWPORT CENTER DR DEERFIELD BCH FL 33442	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDR / CITY	SVPM BARBERA, JOHN 1111 W. NEWPORT CENTER DR DEERFIELD BEACH FL 33442	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWEMBERGER, CHRISTIAN S 1111 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D P Schwemberger, Christian S. 110 SE 6th Street, 15th Floor Ft. Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADULESCU, MICHAEL S 1111 W. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D V S T Radulescu, Michael S. 110 SE 6th Street, 15th Floor Ft. Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TS 5/4/99 99AR 04-23/1999 90111031...150.00	☐ Change ☐ Addition

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 REQUIRED 4-8-99 (954)627-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael S. Radulescu