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

FILED Feb 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H71972 SUPPLYNET, INC. Principal Place of Business Mailing Address 951 BROKEN SOUND PARKWAY, SUITE 350 951 BROKEN SOUND PARKWAY, SUITE 350 **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1985 2. Principal Place of Business 2a. Mailing Address 4. FÉI Number Applied For 59-2643134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. **E** Yes ☐ No 29 10. Name and Address of New Registered Agent 19. Name and Address of Current Registered Agent Name BERKEY, ROBERT PAUL 951 BROKEN SOUND PARKWAY, #350 82 Street **BOCA RATON FL 33487** 83 84 Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the conformation agent. I am familiar with, and accept the objigations of, Section 607.0505, Florida Statutes. orphiation submits this statement for the purpose of changing its registered rayion's board of directors. I hereby accept the appointment as registered SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE BERKEY, ROBERT PAUL NAME 1.2 NAME 951 BROKEN SOUND PARKWAY, #350 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP DELETE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE

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

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP