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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H92295 (5)POE SUPPLY, INC. Principal Place of Business Mailing Address % FRANK H. POE N. FRANK H. POE 425 SOUTH DIXIE HIGHWAY 425 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146-2202 **CORAL GABLES FL 33146** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1985 01/25/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2688731 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent POE, FRANK H. 211 RIDGEWOOD RD. Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33133** 83 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signation (specified printed numbers required a agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TOTE POE, FRANK H. 1.2 NAME CR2E034 425 SO. DIXIE HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 1.4 City-Si-*T*iP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE POE, WENDY NAME 22 NAME 2901 S. BAYSHORE DRIVE., #12-A STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CITY-SI-7P Change Addition DELETE 3.1 THILE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. City-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition THUE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE ☐ Change ___ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - S1 - 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 inclicated on this arinual report or suppliemental 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

SIGNATURE: >

Erank H. Poe, President SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

Dayone Phone # 0205156

FILED

Jan 14 1997 8:00am

Secretary of State