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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J31913

(3)

FIRE PROTECTION SUPPLY, INC. Principal Place of Business Mailing Address 7785 NW 54TH STREET 7785 NW 54TH STREET MIAMI FL 33166 MIAMI FL 33166-4105 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1986 03/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2715260 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 П Trust Fund Contribution Added to Fees Z_{1D} Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 61 ROBERTSON, DONALD E. 12213 S W 102ND TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 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 Signature, type dior printed came 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 **PSD** DELETE TITLE 1.1 TITLE Change Addition ROBERTSON, DONALD E. NAME 1.2 NAME 12213 SW 102 TERR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - 20 2.4 CITY-ST-ZIP TITLE DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP DELETE THLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-7/P 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP DELETE TITLE Change 61 TITLE Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filling 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

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZiP

FILED

Feb 18 1997 8:00am

Secretary of State

(96/6) (96/6)