

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46175 (2)

1. Corporation Name
WIRE PRODUCTS SUPPLY CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 82146
~~P.O. BOX 86~~
SO. FLORIDA FL 33082-1466
US

P.O. BOX 821466
~~P.O. BOX 86~~
SO. FLORIDA FL 33082-1466
US

3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 P O BOX 821466
Suite, Apt. #, etc.

26 P O BOX 821466
Suite, Apt. #, etc.

4. FEI Number
59-2755808

Applied For
Not Applicable

22 City & State
23 SO. FLORIDA, FL

27 City & State
28 SO. FLORIDA FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country
33082-1466 USA

29 Zip Country
33082-1466 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOST, LAWRENCE
RT. 2, BOX 1115
PIONEER PLANTATION
CLEWISTON FL 33440

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
18521 NW 19 Street

83

84 City

Pembroke Pines

FL

85 Zip Code

33029

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 listed on prior form of registered agent and still applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
SOST, LAWRENCE C.
9461 PALM CIRCLE SOUTH
PEMBROKE PINES FL

☐ DELETE

VST
SOST, MELODY D.
9461 PALM CIRCLE SOUTH
PEMBROKE PINES FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 ☐ Change ☐ Addition

18521 N.W 19 Street
Pembroke Pines, FL 33029

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

18521 NW 19 Street
Pembroke Pines, FL 33029

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

Melody D. Sost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

954 435-9451

Date

Daytime Phone #

CR2E034 (12/95)