

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90003 011 \*\*\*150.00

DOCUMENT # J46175

1. Corporation Name  
WIRE PRODUCTS SUPPLY CORPORATION

Principal Place of Business  
P.O. BOX 821466  
SO. FLORIDA FL 33082-1466  
US

Mailing Address  
P.O. BOX 821466  
SO. FLORIDA FL 33082-1466  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1986

4. FEI Number

59-2755808

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOST, LAWRENCE  
18521 NW 19 STREET  
PIONEER PLANTATION  
PEMBROKE PINES FL 33029

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
13405 NW 12 ST  
83  
84 City Pembroke Pines, FL 85 Zip Code 33028

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SOST, LAWRENCE C.  
STREET ADDRESS 18521 NW 19 STREET  
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE P  
1.2 NAME SOST, LAWRENCE C  
1.3 STREET ADDRESS 13405 NW 12 ST  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE VST  
NAME SOST, MELODY D.  
STREET ADDRESS 18521 NW 19 STREET  
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE VST  
2.2 NAME SOST, MELODY D  
2.3 STREET ADDRESS 13405 NW 12 ST  
2.4 CITY-ST-ZIP Pembroke Pines FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 954-435-9451

CR2E034 (11/98)

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