

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K06653
1. Corporation Name
FACILITY SUPPLY, INC.

(5)



Principal Place of Business

Mailing Address

5340 NW 161 ST
MIAMI FL 33014
US

5340 NW 161 ST
MIAMI FL 33014
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2525 DAVIE ROAD	26 2525 DAVIE ROAD		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 SUITE 322	27 SUITE 322		
City & State		City & State	
23 DAVIE, FL	28 DAVIE, FL		
Zip	Country	Zip	Country
24 33317	25 USA	29 33317	30 USA

3. Date Incorporated or Qualified 12/14/1987	
4. FEI Number 65-0053587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
PENCE, CHRIS 2630 NE 203RD ST SUITE 103 NORTH MIAMI BEACH FL 33180	

10. Name and Address of New Registered Agent	
81 Name	CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island Road
83	
84 City	Plantation FL
85 Zip Code	33324

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 Mary R. Adams, Asst. Secy.

Mary R. Adams

February 3, 1998

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	COHEN, GARY
STREET ADDRESS	21232 HARBOR WAY #263
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	ST
NAME	PENCE, CHRIS
STREET ADDRESS	430 PARK 20 WEST DR
CITY-ST-ZIP	GROVETOWN GA 30813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT/TREASURER
1.2 NAME	DONALD F. FOX
1.3 STREET ADDRESS	6025-A SHILOH ROAD
1.4 CITY-ST-ZIP	ALPHARETTA, GA 30005
2.1 TITLE	DIRECTOR
2.2 NAME	CHRIS BROGDON
2.3 STREET ADDRESS	6000 LAKE FORREST DR. SUITE 200
2.4 CITY-ST-ZIP	ATLANTA, GA 30328
3.1 TITLE	DIRECTOR
3.2 NAME	EDWARD B. LANE
3.3 STREET ADDRESS	6000 LAKE FORREST DR. SUITE 200
3.4 CITY-ST-ZIP	ATLANTA, GA 30328
4.1 TITLE	DIRECTOR
4.2 NAME	DARRYL C. TUCKER
4.3 STREET ADDRESS	6000 LAKE FORREST DR. SUITE 200
4.4 CITY-ST-ZIP	ATLANTA, GA 30328
5.1 TITLE	SECRETARY
5.2 NAME	PHILIP M REES
5.3 STREET ADDRESS	6000 LAKE FORREST DR SUITE 200
5.4 CITY-ST-ZIP	ATLANTA, GA 30328
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.

SIGNATURE:

[Signature]

1/30/98 770886 2600

CR2E034 (10/97)