

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

FILED
May 26 1998 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1998

DOCUMENT # **K43292**
 1. Corporation Name: **CENTRAL SUPPLY & SERVICE INC.**

Principal Place of Business: **3284 NW 104 AVE**
CORAL SPRINGS, FL. 33065 / SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt # etc	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. (Date Incorporated or Qualified)	10/10/89
4. FEI Number	59-0303156
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SPENCE, HEATHER
20120 SW 124th PLACE
MIAMI, FL. 33177

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.3508, 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 607.0605, Florida Statutes.

SIGNATURE: _____ (NAME of Registered Agent if Signature required when registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE DP	CAINE, LANCELET W <input type="checkbox"/> DELETE
NAME	3284 NW 104th AVE
STREET ADDRESS	CORAL SPRINGS FL 33065
CITY-STATE-ZIP	
TITLE D	CAINE, ERWIN <input type="checkbox"/> DELETE
NAME	3284 NW 104 AVE
STREET ADDRESS	CORAL SPRINGS FL 33065
CITY-STATE-ZIP	
TITLE D	CAINE, MONICA <input type="checkbox"/> DELETE
NAME	3284 NW 104 AVE
STREET ADDRESS	CORAL SPRINGS FL 33065
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	800002543498
54 CITY-STATE-ZIP	-06/02/98--01019--013
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	***165.00
63 STREET ADDRESS	
64 CITY-STATE-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: **Lancelet Caine** **LANCELET CAINE** **4/30/98**

CR2E034 (10/97)

PE
5-26