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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07003

(1)

FILED
May 13 1998 8:00am
Secretary of State

ANICAF	RE SUPPLY, INC.				
Principal Place of Businoss  KENNETH 5. AGRE. GR.  676 FLORIDA CENTRAL PWKY LONGWOOD FL 32750  Mailing Address  KENNETH E. AGRE. SR.  676 FLORIDA CENTRAL PWKY LONGWOOD FL 32750			Remove KY	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		08/03/1989 4. FEI Number	Applied For
21 Principal r	SAME	26 SAM	E	59-2963977	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29 36	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	JSS ERIC D		DI Name		
676 FLORIDA CENTRAL PKWY			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LO	NGWOOD FL 32750		83		
			63		
			84 City	F	85 Zip Code
44 Dummant	to the previous of Postons (O7.06)	12 and CO7 1509 Florida Statulos	the above named corr		
office or r	registered agent, or both In the State	: of Florida. Such ch <b>ange w</b> as auf	horized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
agent. i a	am familiar with, and accept the oblig-	ations of, Section 607.0505, Florid	da Statutes.	t/	/30/98
SIGNATURE	Signature typed, posted name of registered agr	(NOTE: E	Registered Agent signature requi	(red when reinstating)	30/78
12.		D DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TOLE		☐ Change ☐ Addition
NAME	ACRE, KENNETH E., SR.		1.2 NAME		
STREET ADDRESS	27101 C.R. 44-A		1.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL		1.4 City - St - ZIP		
TITLE	VMTS	DELETE	2.1 TITLE		Change Addition
NAME	HUSS, ERIC D		2.2 NAME		
STREET ADDRESS	_ZO1-REMINGTON-OAK-DR-	140 North RD	2.3 STHEET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	,	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		0
TITLE		DELETE	4.3 1ITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T or ere	4.4 CHY-ST-ZIP		Change Addition
TITLE		DELETE	51 THTLE		CT cuange CT Accition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZIP		Change Addition
TITLE	1	☐ OFFE IF	6.1 TITLE		Ti outside Ti vontion
NAME	1		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		

14. Thereby 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 of the anaddress.

Fri D HUSS ND 4/20/98 (402) 260-8272