

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **L59491** (5)  
1. Corporation Name  
**PRODUCTION SUPPLY COMPANY OF FLORIDA, INC.**



Principal Place of Business  
**3030 BURRIS ROAD  
DAVIE FL 33314**

Mailing Address  
**3030 BURRIS ROAD  
DAVIE FL 33314**

2. Principal Place of Business 21 <b>1700 Eller Drive</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 22945</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/19/1990</b>		3a. Date of Last Report <b>06/12/1995</b>	
22 City & State <b>Ft. Lauderdale, FL 33316</b>		27 City & State <b>Ft. Lauderdale, FL 33335</b>		4. FEI Number <b>65-0181693</b>		Applied For Not Applicable	
24 Zip <b>33316</b>		25 Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
26 Zip <b>33335</b>		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
28 Zip <b>33335</b>		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CORPORATION SERVICES COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Frank Mendez**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3915 Biscayne Blvd., Fourth Floor**  
83  
84 City **Miami** FL 85 Zip Code **33137**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 agree to, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of appointment

Signature, typed or printed name of registered agent, and date of appointment

DATE

5/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELBY, GAIL</b>	1.2 NAME	<b>President</b>
STREET ADDRESS	<b>1201 HAYS STREET</b>	1.3 STREET ADDRESS	<b>John Westeyn</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	1.4 CITY-ST-ZIP	<b>1700 Eller Drive</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 (954) rwr.sob  
Bank deposit \$200.00

CR2E034 (12/95)