


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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **M14049** (4)  
1. Corporation Name  
**ERIC'S INDUSTRIAL SUPPLIES, INC.**

Principal Place of Business <b>5490 NW 161 ST. MIAMI FL 33014</b>	Mailing Address <b>5490 NW 161 ST. MIAMI FL 33014-6125</b>
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1985</b>		3a. Date of Last Report <b>07/31/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2536937</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30 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				10. Name and Address of New Registered Agent			
LUBOV, ERIC 11740 ROSE WAY- #202 COOPER CITY FL 33026				70 SW 91 Ave #105 Plantation, FL			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE PV				1.1 TITLE PV			
1.2 NAME LUBOV, ERIC				1.2 NAME Lubov, Eric			
1.3 STREET ADDRESS 11740 ROSE WAY				1.3 STREET ADDRESS 70 SW 91 Ave #105			
1.4 CITY-ST-ZIP COOPER CITY FL				1.4 CITY-ST-ZIP Plantation, FL			
2.1 TITLE ST				2.1 TITLE ST			
2.2 NAME LUBOV, DEBRA				2.2 NAME Lubov, Debra			
2.3 STREET ADDRESS 11740 ROSE WAY				2.3 STREET ADDRESS 7365 SW 26 Ct.			
2.4 CITY-ST-ZIP COOPER CITY FL				2.4 CITY-ST-ZIP Davie, FL 33314			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

Daytime Phone: #

0120529

CR2E034 (9/96)