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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P13891

(7)

1. Corporation Name

CENTURY SUPPLY CORP.

Principal Place of Business

31691 DEQUINDRE  
P O BOX 71025  
MADISON HEIGHTS MI 48071

Mailing Address

31691 DEQUINDRE  
P O BOX 71025  
MADISON HEIGHTS MI 48071



3. Date Incorporated or Qualified  
04/03/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN, MICHAEL  
9810 E. BROADWAY  
TAMPA FL 33619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and their applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HODAS, ERNEST  
STREET ADDRESS 9810 E. BROADWAY  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE EVP  
NAME TALIAFERRO, BENJAMIN C.  
STREET ADDRESS 31691 DEQUINDRE  
CITY-ST-ZIP MADISON MI

☐ DELETE

TITLE S  
NAME BERNSTEIN, MARSHALL  
STREET ADDRESS 1345 AVE OF AMERICAS  
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE T  
NAME FOERSTNER, SCOTT  
STREET ADDRESS 31691 DEQUINDRE  
CITY-ST-ZIP MADISON MI

☐ DELETE

TITLE VP  
NAME MILLER, WAYNE  
STREET ADDRESS 31691 DEQUINDRE  
CITY-ST-ZIP MADISON HEIGHTS MI

☐ DELETE

TITLE VP  
NAME MACINTYRE, SCOTT  
STREET ADDRESS 5379 WALNUT AVE  
CITY-ST-ZIP DOWNERS GROVE IL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

DIRECTOR ONLY

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

PRESIDENT.

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE:

*Scott MacIntyre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

810-588-2990  
Daytime Phone #

CR2E034 (12/95)