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May 09 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 # 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 48071-0025



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

STEIN, MICHAEL
9810 E. BROADWAY
TAMPA FL 33619

3. Date Incorporated or Qualified

04/03/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

38-1775601

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
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 P
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: Scott Foerster 4/30/97 810 5882990

CR2E034 (9/96)