

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90139 046 \*\*\*150.00

0526719

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P13891**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/03/1987**

4. FEI Number  
**38-1775601**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**STEIN, MICHAEL  
9810 E. BROADWAY  
TAMPA FL 33619**

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HODAS, ERNEST</b>	
STREET ADDRESS	<b>9810 E. BROADWAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>TALIAFERRO, BENJAMIN C.</b>	
STREET ADDRESS	<b>31691 DEQUINDRE</b>	
CITY-ST-ZIP	<b>MADISON MI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNSTEIN, MARSHALL</b>	
STREET ADDRESS	<b>1345 AVE OF AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FOERSTNER, SCOTT</b>	
STREET ADDRESS	<b>31691 DEQUINDRE</b>	
CITY-ST-ZIP	<b>MADISON MI</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, WAYNE</b>	
STREET ADDRESS	<b>31691 DEQUINDRE</b>	
CITY-ST-ZIP	<b>MADISON HEIGHTS MI</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MACINTYRE, SCOTT</b>	
STREET ADDRESS	<b>5379 WALNUT AVE</b>	
CITY-ST-ZIP	<b>DOWNERS GROVE IL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)