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Apr 15 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 # P30660 (5)

1. Corporation Name
UNITED MFRS SUPPLIES, INCORPORATED

Principal Place of Business

Mailing Address

80 GORDON DRIVE
SYOSSET NY 11781

80 GORDON DRIVE
SYOSSET NY 11791-4705



3. Date Incorporated or Qualified
06/14/1990

3a. Date of Last Report
05/01/1996

4. FEI Number

11-1509273

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ACKERMAN, SHELDON
2696 NORTHWEST 64TH BLVD
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

11 Name

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

13

14 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ACKERMAN, SHELDON
STREET ADDRESS 2696 NORTHWEST 64TH BLVD.
CITY-ST-ZIP BOCA RATON FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME LINK, RICHARD
STREET ADDRESS 55 RODEO DRIVE
CITY-ST-ZIP SYOSSET NY

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VD
NAME LINK, LESLIE
STREET ADDRESS 55 RODEO DRIVE
CITY-ST-ZIP SYOSSET NY

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE SD
NAME ACKERMAN, ROSLYN
STREET ADDRESS 2696 NORTHWEST 64TH BLVD
CITY-ST-ZIP BOCA RATON FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006149

CR2E034 (9/96)