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

**CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	MEN 1 # P37200 EL SUPPLY CO	6 (0)			
	te of Business	Mailing Address			
119 CORPORATION WAY -UIST-8 -VENICE-FL 94202 -US-		LINIT B. VENICE FL 34293		DO NOT WRITE IN THIS  3. Date incorporated or Qualified	SPACE
21 32 6 1	Nace of Business MEADOW RUN CT	26 34 3111412	ow Run G	01/23/1992 4. FEI Number 65-0173634	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.  27  City & State  28  VENICE	£ 77	Certificate of Status Desired     Status Desired     Election Campaign Financing	\$8.75 Additional Fee Required \$5.00 May Be
23 VER Zip 24 3 4 2	9 3 Country U.S.	29 3 4 Z 9 3	Country 30 4.5.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes 🔲 No
	9, Name and Address of Curren IOMPSON, HARRY J. 9 CORPORATION WAY	Hegistered Agent		10. Name and Address of New Registered  10 M P SO N H R R Y  20 Sts (P.O., Box Number is Not Acceptable)	Agent
	HT <b>B</b> NICE FL 34292		83	MEADOW RUN CT	7,
I OTTICE OF R	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	ôl Florida. Such change was au	s, the above-named corporation	pration submits this statement for the purpose opn's board of directors. I hereby accept the app	es Zip Code changing its registered continent as registered
SIGNATURE	Stgnature, typed or printed numer of registered again	and title if applicable (NOTE	Registered Agent e-gnature requires		
12. TITLE NAME	P THOMPSON, HARRY J.	DELETE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND TOMPSON, HAKKY J. BI MEADOW RUN CT.	Change Addition
STREET ADDRESS	1910 TRADE WINDS CR		1.3 STREET ADDRESS 3 2	Al washaba line at	•

**VENICE FL** CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE Change 2.1 TITLE THOMPSOM, DO LORES C. 3281 MERDOW RUN CT. NAME THOMPSON, DOLORES C. 2.2 NAME STREET ADDRESS 1910 TRADEWINDS CR 2.3 STREET ADDRESS CITY-ST-ZIP **VENICE FL** YEHICE, FL 34293 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 supplies ental 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 corporation or the corporation or the corporation of th officer or director of the corporation or the Block 12 or Block 13 if changed, or on a <u>chi</u>nent with an address

**FILED** 

May 06 1998 8:00am

Secretary of State