

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

0340

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000031681**

1. Corporation Name

FLORIDA A & E SUPPLY, INC.

Principal Place of Business

1000 NW 1ST AVENUE
#14
BOCA RATON FL 33432
US

Mailing Address

1000 NW 1ST AVENUE
#14
BOCA RATON FL 33432
US

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

Country

25

Zip

26

Country

27

City & State

28

City & State

29

Country

30

9. Name and Address of Current Registered Agent

**GRENIER, MURRAY
8613 WINDY CIRCLE
#14
BOCA RATON FL 33432**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENIER, MURRAY		12 NAME	
STREET ADDRESS	8613 WINDY CIRCLE		13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		14 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENIER, PATRICIA		22 NAME	
STREET ADDRESS	8613 WINDY CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		24 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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: *Murray Grenier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MURRAY GRENIER

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90132 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1993

4. FEI Number

65-0406437

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 Trust Fund Contribution

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

10. Name and Address of New Registered Agent

CR2E034 (11/98)

X-3/15/99 561-391-1009

Date

Daytime Phone #