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FILED

Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000043809 (1)

1. Corporation Name

A & G SUPPLY & DISTRIBUTORS INC.

Principal Place of Business

318 LAKEVIEW DRIVE
APT 103
FT LAUDERDALE FL 33326

Mailing Address

318 LAKEVIEW DRIVE
APT 103
FT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1993

4. FEI Number

65-0415286

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 920 W. 80th PLACE

Suite, Apt. #, etc.

22 HIALEAH FLA

City & State

23 33014 DADE

24 33014 25 DADE

2a. Mailing Address

26 920 W. 80th PLACE

Suite, Apt. #, etc.

27 HIALEAH

City & State

28 FLORIDA

29 33014

30 DADE

9. Name and Address of Current Registered Agent

SILVESTRI, GLORIA
318 LAKEVIEW DR., APT 103
SUITE 100
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name DARLENE SILVESTRI

82 Street Address (P.O. Box Number is Not Acceptable)
920 W. 80th PLACE

83 HIALEAH

84 City

FL 85 Zip Code

33014

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: DARLENE SILVESTRI

Signature, typed or printed name of registered agent; and title if applicable.

Darlene Silvestri 3/23/98 1-29-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SILVESTRI, ADOLPH JR
STREET ADDRESS 318 LAKEVIEW DRIVE APT 103
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE D ☐ DELETE

NAME SILVESTRI, GLORIA
STREET ADDRESS 318 LAKEVIEW DRIVE APT 103
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME DARLENE SILVESTRI
1.3 STREET ADDRESS 920 W. 80th PLACE
1.4 CITY-ST-ZIP HIALEAH, FL 33014

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 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: X Darlene Silvestri DARLENE SILVESTRI 1-29-98

CR2E034 (10/97)