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

DOCUMENT # P93000049976 (2)

	/ENUE SUPPLY CORP.				
Principal Place	e of Business	Mailing Address			, 6(8)8 (6;18 1811) 1881A 61)) 1881
2321 4TH AVENUE TAMPA FL 33605 US		P.O. BOX 75876 TAMPA FL 33675 US		DO NOT WRITE IN TH	HIS SPACE
••				3. Date Incorporated or Qualified	
				07/12/1993	
·	iace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3193281	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
\A/E	INSTEIN, IRA ESQ.	, green ou Agenti	81 Name	10. Traine with Confidence of Item (1001910)	
	21 EAST 7TH AVENUE				
	MPA FL 33605		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
IN	MITA FE 33003	•	83		
					·
			84 City		85 Zip Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	e of Florida, Such change was a gations of Section 607,0505. Flor	uthorized by the corpora	poration soomits this statement for the purpos tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
SIGNATURE	Signature typod or printed hame of registered as	gent and title if applicable. (NOTE	: Registered Agent signature requi	ored when reinstating) DAT	TE
SIGNATURE	Signature typed or printed hame of registered as	gen; and title if applicable. (NOTE	: Registered Agent signature requi		TE AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typed or printed hame of registered at OFFICERS ANDP	gent and title if applicable. (NOTE	: Registered Agent signature requi	ored when reinstating) DAT	TE
SIGNATURE 12. TITLE NAME	Signature typicd or priviled hame of registered as OFFICERS AP DP LICATA, FRANK K	gen; and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	ored when reinstating) DAT	TE AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typicd or priviled hame of registered as OFFICERS AP DP LICATA, FRANK K 4106 NORTH B STREET	gen; and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ored when reinstating) DAT	TE AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP LICATA, FRANK K 4106 NORTH B STREET TAMPA FL	gen; and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ored when reinstating) DAT	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DESCRIPTION OF STREET TAMPA FL OFFICERS AND THE STREET TAMPA FL OTS	gent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ored when reinstating) DAT	AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANDREA L	gent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ored when reinstating) DAT	AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANDREA L A106 NORTH B STREET TAMPA FL DTS LICATA, ANDREA L 4106 NORTH B STREET	gent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ored when reinstating) DAT	AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS ANDREA L A106 NORTH B STREET TAMPA FL DTS LICATA, ANDREA L 4106 NORTH B STREET	GOY and HIGH applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ored when reinstating) DAT	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Addition Addition
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14. I nereby 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 eath; that I am an officer or director of the corporation of 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:

indua Laista

363/98

813-284-6524

FILED

Mar 27 1998 8:00am

Secretary of State