

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90026 013 ***150.00

DOCUMENT # P93000053106

1. Corporation Name

AMERICAN SUPPLY 2000, INC.

Principal Place of Business

~~2643 NELSON CT~~
~~FT LAUDERDALE FL 33332~~

Mailing Address

~~2643 NELSON CT~~
~~FT LAUDERDALE FL 33332~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1993

4. FEI Number

65-0433390

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 210 UNIVERSITY DRIVE

2a. Mailing Address

26 210 UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 502

27 SUITE 502

City & State

City & State

23 CORAL SPRINGS FL

28 CORAL SPRINGS FL

Zip

Country

Zip

Country

24 33071 25 USA

29 33071 30 USA

9. Name and Address of Current Registered Agent

BAOUD, WADID

~~2643 NELSON CT~~

~~FT LAUDERDALE FL 33332~~

10. Name and Address of New Registered Agent

81 Name JOSEPH E. MILLER

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

210 UNIVERSITY DRIVE

83 SUITE #502

84 City CORAL SPRINGS

FL

85 Zip Code 33071

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)

JOSEPH E. MILLER

4/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BAOUD, WADID
STREET ADDRESS ~~2643 NELSON CT~~
CITY-ST-ZIP ~~FT LAUDERDALE FL~~

TITLE ST ☐ DELETE

NAME BAOUD, ALLYSON
STREET ADDRESS ~~2643 NELSON CT~~
CITY-ST-ZIP ~~FT LAUDERDALE FL~~

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 16007 OPAL CREEK DRIVE
1.4 CITY-ST-ZIP WESTON, FL 33331

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 16007 OPAL CREEK DRIVE
2.4 CITY-ST-ZIP WESTON, FL 33331

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

954-384-0794

Daytime Phone #

CR2E034 (11/98)