FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

	1990	*********
DOCL	MENT	T #

P93000080984 (6)

SPECIALTY SUPPLIES, INC.

Principal Place of Bu	sin 388
3410 PARK CENT POMPANO BEAC	



0440 0404							
	Central Blyd., N. Beach Fl 33064	3410 PARK CENTR POMPANO BEACH US			Date Incorporated or Qualified	3a. Date of La	ast Report
					11/18/1993		7/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
<u> </u>		26			65-0451154		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		Orty & State			Election Campaign Financing Trust Fund Contribution	1)	5.00 May Be Added to Fees
Zip I	Country 25	Zip 29	Counti	у	8. This corporation has liability for Florida Statutes Yes	intang ble tax und	der s. 199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New P	Registered Agen	t
			8	1 Name			
	KY, MITCHELL		8	2 Street Add	ress (P.O. Box Number is Not Acceptate)(e)	
	ARK CENTRAL BLVD		ļ.,	ļ			
POMPA	NO BEACH FL 33064		8	3			
			8-	4 Oity		- 85	Zip Code
11. Pursuant to	the provisions of Sections 607 0502	and 607.1508. Florida State	ites the above	hamed core	oration submits this statement for the pur	ruges of changing	ite registered of
or registere	id agent or both, in the State of Florid n, and accept the obligations of Section	a. Such change was author	ized by the cor	poration's bor	and of directors. Thereby accept the application	omtment as regis	rics registered offic tered agent. I am
	i, and accept the obligations of, Section	on 607.0500, Fiorida Statute	S.				
GNATURE :	lighatore. Gprid or pride Linanie of regeneral agent a	nd the day place in	cOβE [†] (Rigister at Ag	ert signature is yan	og which constanting	{>A*€	
2.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CIORS IN 12
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certify that the information indicated of this corporation of the corporation of the corporation of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Forida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or changed, or on an attack them to the first address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-968-2900