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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000080984 (6)

SPECIALTY SUPPLIES, INC.

appears in Block 12 or Bloc

SIGNATURE:

Principal Place of Business

3410 PARK CENTRAL BLVD., N. 3410 PARK CENTRAL BLVD., N. POMPANO BEACH FL 33064-2209 POMPANO BEACH FL 33064 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1993 03/08/1996 2, Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0451154 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ORETSKY, MITCHELL 3410 PARK CENTRAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 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 more agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of regenerated agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. Change ___ Addition DELETE 1.1 TITLE TITLE ORETSKY, MITCHELL 1.2 NAME NAME 3410 PARK CENTRAL BLVD. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 1.4 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 21 TITLE T-TLF ORETSKY, CLIFFORD 22 NAME NAME 3410 PARK CENTRAL BLVD., N. 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE DESANTIS, JOSEPH 3.2 NAME NAME 3410 PARK CENTRAL BLVD., N. 3.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST- ZIP CHTY-ST-ZIP ☐ Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and cated 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