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

DOCUMENT # P93000080984

SPECIALTY SUPPLIES, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90038 018 ***150.00



Principal Place of Business Mailing Address								
3410 PARK CENTRAL BLVD. N. POMPANO BEACH FL 33064		3410 PARK CENTRAL BLVD N. POMPANO BEACH FL 33064						
US		US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 11/18/1993			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26			65-0451154	No	t Applicable	.5
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		Zip Country		ntry	8. This corporation owes the current year le	. This corporation owes the current year Intangible		
25		29	30		Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	d Agent		
	TOLOU AUTOUELL			81 Name			ļ	
ORETSKY, MITCHELL 3410 PARK CENTRAL BLVD				82 Street Ad	dress (P.O. Box Number is Not Acceptable)	constraint and a constraint	* v4.46 #185 P1 5.	
POM	IPANO BEACH FL 33064			83	· · · · · · · · · · · · · · · · · · ·	1. 数字经济信息	制制制	
				84 City	The state of the state of the state	85 Zip (Code	
	_				F			
11. Pursuant office or r	to the provisions of Sections 601,0502, egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute Florida. Such change was au ors of, Section 607.0505, Flori	s, the at thorized da Statu	by the corpora	rporation submits this statement for the purpose of the bard of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE	4/1st (het)	m (LIFTOI	Z() -	()KE	130/ 1-1-/	,		
	Signature, typed of printed name or legistered allent		-	Agent signature requ	lired when reinstating) - 3, * - * DATE*	NO DIDECTO		86
12.	OFFICERS AND	DELETE	13.	ne	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	7
TITLE	ODETOKY MITCHELL	. 🗀 oecete	1.1 111	1				R2E034 (11/98)
NAME	ORETSKY, MITCHELL 3410 PARK CENTRAL BLVD.		1.2 NA		•.			္မ
STREET ADDRESS	POMPANO BEACH FL	•		REET ADDRESS		. ;		22
CITY-ST-ZIP	VP	DELETE	2.1 TIT	TY-ST-ZIP	· -	Change	☐ Addition	
TITLE	ORETSKY, CLIFFORD		2.7 NA				_	
NAME	3410 PARK CENTRAL BLVD., N.			REET ADORESS				i
STREET ADDRESS	POMPANO BEACH FL			i		,		i
CITY-ST-ZIP	VP.	☐ DELETE	3.1 TII	TY-ST-ZIP		Change	Addition	í
TITLE	DESANTIS, JOSEPH	- Occessor	3.2 NA				_	i
NAME	2410 DADK CENTRAL BLVD. N.			REET ADDRESS	* * * * * * * * * * * * * * * * * * *	14 152 7 1	. ೧೯೯೬ ಕನ್ನಡ	l
STREET ADDRESS	POMPANO BEACH FL			TTY-ST-ZIP			洒藕楼	l
CITY-ST-ZIP TITLE	TOWN THE DESIGNATE	☐ DELETE	4.1 TIT		· in the second second	Change	· Addition	١
NAME			4. 2 N					
				REET ADDRESS	•			l
STREET ADDRESS CITY-ST-ZIP			1	TY-ST-ZIP		•		l
TITLE		☐ DELETE	5.1 TT			☐ Change	☐ Addition	l
NAME			5.2 NA	WE	A STATE OF THE STA	• •		i
STREET ADDRESS			5.3 ST	REET ADDRESS	7			:
CITY-ST-ZIP	÷		5.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition	1
NAME		,	6.2 NA	ME				ĺ
STREET ADDRESS			6.3 ST	REET ADDRESS	· .	:		
CITY-ST-ZIP		c	6.4 CI	TY-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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 #

SIGNATURE: