

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

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 AM 8:50

DOCUMENT # P94000029940

1. Corporation Name

Capital Supply, Inc.

Principal Place of Business

Mailing Address

Same

1015 W. Newport Center Dr.

#103A

Deerfield Beach, Fl. 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

65-0483041

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Deborah A. Carman  
165 E. Palmetto Park Rd  
Boca Raton, Fl. 33432

81 Name

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

83

84 City

FL

85

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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME Targonski, Steve A.  
STREET ADDRESS 1015 W. Newport Center Dr. 103A  
CITY-ST-ZIP Deerfield Beach, Fl. 33442

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

-10/23/00-01017-0001

\*\*\*\*\*150.00 \*\*\*\*\*150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

AD

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

Date

Daytime Phone #

10/6/00

427-2600

CR2E034 (11/98)

2

**CAPITAL SUPPLY, INC.  
1015 S. NEWPORT CENTER DRIVE #103A  
DEERFIELD BEACH, FL 33442**

**October 5, 2000**

**Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL-32302-1500**

**Re: Annual Report  
Capital Supply, Inc.  
Document Number P94000029940**

**To Whom It May Concern:**

**Please be advised that we did not receive a renewal report form for 2000. The corporation's mailing address has changed and any notifications from you were not received.**

**We respectfully request that the enclosed Annual Report and our check for \$150.00 be accepted for this filing.**

**Thank you in advance for your assistance.**

**Sincerely,**

**Capital Supply, Inc.**

  
**Steve A. Targonski  
President**