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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

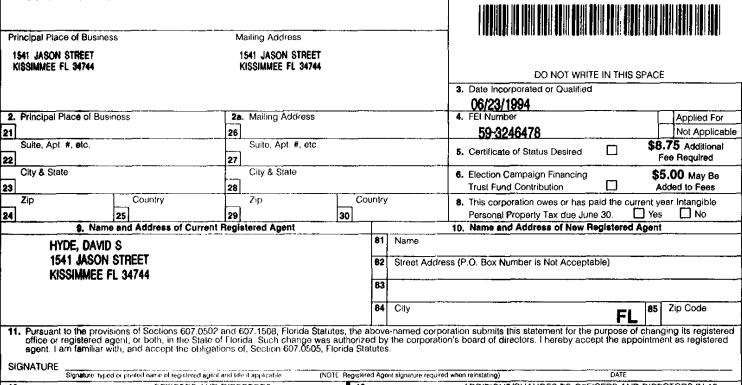
DOCUMENT #

P94000048272 (6)

SCHELSUPPLY, INC.

Principal Place of Business	Mailing Address
1541 JASON STREET	1541 JASON STREET
KISSIMMEE FL 34744	KISSIMMEE FL 34744

FILED May 08 1998 8:00am Secretary of State



SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition ō 1.1 TITLE TITLE NAME HYDE. DAVID S 1.2 NAME **1541 JASON STREET** STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 217/16 HURTT, JOHN M NAME 2.2 NAME STREET ADDRESS 2410 N HASTING ST 2.3 STREET ADDRESS CITY-ST-ZIP Orlando fl 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP