FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:14

DOCUMENT # **P94000064633 (8)**

1. Corporation Name
FEDERAL SUPPLY, INC.

Principal Place of Business	Mailing Address
230 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480	230 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1499 SW 3rd ST
Suite, Apt. #, etc. 22:
City & State 23: POMPANO BEACH, FL
Zip 24: 33069 Country 25: U.S.

2a. Mailing Address
26: 1499 SW 3rd St
Suite, Apt. #, etc. 27:
City & State 28: POMPANO Beach, FL
Zip 29: 33069 Country 30: U.S.

4. FEI Number: 65-0518477 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HICKMAN, CHARLES R ESQ.
230 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Robert L. Hausman
82 Street Address (P.O. Box Number is Not Acceptable): 1499 SW 3rd St
83:
84 City: POMPANO Beach, FL FL 85 Zip Code: 33069

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] Robert L. Hausman, President (NOTE: Registered Agent signature required when mandating) DATE: 1/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	STEINER, JONATHAN A	12 NAME	
STREET ADDRESS	2284 ALFORD WAY	13 STREET ADDRESS	delete
CITY-ST-ZIP	WEST PALM BEACH FL 33414	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HAUSMAN, ROBERT L	22 NAME	
STREET ADDRESS	17221-2 BOCA CLUB BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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.

SIGNATURE: [signature] 1/20/95 305-781-2100
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR
Robert L. Hausman, President
(Date) (Telephone Number)

0276022 CP