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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000071632 (1)**

1. Corporation Name

ASSORTMENT OF SUPPLIES, INC.



Principal Place of Business

**309 SOUTH DIXIE HWY.
LAKE WORTH FL 33460**

Mailing Address

**309 SOUTH DIXIE HWY.
LAKE WORTH FL 33460**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**CUNNINGHAM BART
309 SOUTH DIXIE HWY.
LAKE WORTH FL 33460**

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 reg. agent and state of print

NOTE: Registered Agent signature is hereby acknowledged

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BUSH, DON E**
STREET ADDRESS **603 W. PINE STREET**
CITY-STATE-ZIP **LANTANA FL 33462**

TITLE **S** ☐ DELETE
NAME **CUNNINGHAM, BART**
STREET ADDRESS **7386 ASHLEY SHORES COURT**
CITY-STATE-ZIP **LAKE WORTH FL 33467**

TITLE **T** ☐ DELETE
NAME **O'NEAL, EVELYN**
STREET ADDRESS **1001 15TH AVE SOUTH**
CITY-STATE-ZIP **LAKE WORTH FL 33460**

TITLE **V** ☒ DELETE
NAME **O'NEAL, LARRY**
STREET ADDRESS **1001 15TH AVE. SOUTH**
CITY-STATE-ZIP **LAKE WORTH FL 33460**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bart A. Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-582-6260
Telephone Number

CR2E034 (12/95)