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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

P94000091385 (2) DOCUMENT #

CASSIDY SUPPLY, INC.

Principal Place of Business	Mailing Address	
833 SHOTGUN ROAD SUNRISE FL 33326	933 SHOTGUN ROAD SUNRISE FL 33326	
		Ī
2. Principal Place of Business	2a. Mailing Address 26	4
Suite, Apt. #, etc	Suite, Apt #, etc	5
<u>• </u>		

FILED Feb 25 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						191 BIN 19 4 7	
933 SHOTGUN ROAD Sunrise FL 33326		933 Shotgun road Sunrise FL 33326							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	5. FIOL		
						12/19/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	LA	pplied For	
21		26				65-0547490		ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	+	Additional	
City & State		City & State						lequired	
City & State) - · ,				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country	28 Zip	Country			This corporation owes or has paid the cu			
24	25	29	30	•				∏ No	
	9. Name and Address of Currer					10. Name and Address of New Registered	Agent		
	IGNEAULT, ROBERT			81	Name				
	61 S.W. 29TH COURT			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
DAY	VIE FL 33330								
				83					
				84	City	FL	85 Zip	Code	
11 Pureuant	to the provisions of Sections 607.057	22 and 607 1508. Etorida Statut	as the e	hove	named corno	oration submits this statement for the purpose of	f chenging	its registered	
office or re	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was a	authorize	d by	the corporation	on's board of directors. I hereby accept the app	pointment as	s registered	
SIGNATURE	Signature, typed or printed earnie of regelered is a	ord and balout aradio ablance (AREST	Buoistore	d Acc	nt signature required	J when reinstating) DATE	was e	· · · · · · · · · · · · · · · · · · ·	
12,	OFFICERS AN		13.	o Agei	··· eignerure reduited	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	Р	DELETE	1.1 TI	TLE			☐ Change	Addition	
NAME	DAIGNEAULT, ROBERT		1.2 N	AME					
STREET ADDRESS	13161 S.W. 29TH COURT		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	DAVIE FL 33330		_	ITY - S1	T-ZIP		- p		
TITLE	S proof proof	DELETE	2.1 1				Change	Addition	
NAME	BACON, DEBORAH		2.2 N			• •			
STREET ADORESS	9380 S.W. 54 STREET				ADDRESS				
CITY-ST-ZIP	COOPER CITY FL 33328	DELETE		HTY-S	IT-ZIP	·	Change	☐ Addition	
TITLE NAME			3.1 TI				change	☐ Vacation	
STREET ADDRESS			3.2 N		ADDRESS				
CITY-ST-ZIP				ITY-\$					
TITLE		DELETE	4.1 70		1-411		Change	Addition	
NAME			4. 2 N						
STREET ADORESS					ADDRESS				
CITY+S1-ZIP				ITY - S1					
TITLE		DELETE	5.1 71				Change	☐ Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET.	ADDRESS				
CITY-ST-ZIP			5 4 CI	ITY-SI	T- ZIP				
TITLE		DELETE	6.1 TI	TLE			Change	☐ Addition	
NAME			6.2 N	AMÉ					
STREET ADDRESS	-		6.3 ST	TREET	ADDRESS				
								1	

14. Thereby 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 suppliemental 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 trusted 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.

Deborah Bacon