

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000020106 (7)

1. Corporation Name

FLORIDA SUPPLEMENT CORP.



Principal Place of Business

1771 N.W. 108TH AVENUE  
PEMBROKE PINES FL 33026

Mailing Address

1771 N.W. 108TH AVENUE  
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified  
03/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 470 Ansin Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite G

27

City & State

City & State

23 Hallandale, FL

28

Zip

Country

Zip

Country

24 33009

25 USA

29

30

4. FEI Number  
65-0565429

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

10. Name and Address of New Registered Agent

FEINBERG, JEFFREY  
4651 SHERIDAN STREET  
SUITE 300  
HOLLYWOOD FL 33021

81 Name Feinberg, Jeffrey

82 Street Address (P.O. Box Number is Not Acceptable)  
4000 Hollywood Blvd

83 Suite 350 North

84 City Hollywood

FL

85 Zip Code 33021

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 D ☐ DELETE  
NAME ATWELL, JOE F  
STREET ADDRESS 1771 N.W. 108TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33026

1.1 TITLE P/T ☒ Change ☐ Addition  
1.2 NAME Atwell, Joe F.  
1.3 STREET ADDRESS 1771 N.W. 108 Ave.  
1.4 CITY-ST-ZIP Pembroke Pines, FL 33026

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Garcia, Leonel  
2.3 STREET ADDRESS 4994 S.W. 94 Ave.  
2.4 CITY-ST-ZIP Cooper City, FL 33328

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME Erwin E. Kendall  
3.3 STREET ADDRESS 6453 Racquet Club Dr.  
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33319

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)