

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000023388 (8)**

1. Corporation Name:
SOURCE ONE SUPPLIES, INC.



Principal Place of Business: **4927 S.W. 121ST TERRACE COOPER FL 33330**
Mailing Address: **4927 S.W. 121ST TERRACE COOPER FL 33330**

2. Principal Place of Business: **21 6317 MIRAMAR PARKWAY**
2a. Mailing Address: **26 6317 MIRAMAR PARKWAY**
22. City & State: **23 MIRAMAR, FLORIDA**
24. Zip: **33023** 25. Country: **U.S.A.**
27. City & State: **28 MIRAMAR, FLORIDA**
29. Zip: **33023** 30. Country: **U.S.A.**

3. Date Incorporated or Qualified: **03/22/1995**
3a. Date of Last Report: _____
4. FEI Number: **65-0567699**
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. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**AMEER, FARYAAD
4927 S.W. 121ST TERRACE
COOPER CITY FL 33330**

10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Ameer* **FARYAAD AMEER - DIR.** 07/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	GAJRAJ, MOHAMED F 15836 WAVERLY MANOR DAVIE FL 33331	<input checked="" type="checkbox"/> DELETE
TITLE: D	AMEER, FARYAAD 4927 S.W. 121ST TERRACE COOPER CITY FL 33330	<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE
TITLE:		<input type="checkbox"/> DELETE

11 TITLE: DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: JOE A. KHAN	
13 STREET ADDRESS: 6317 MIRAMAR PARKWAY	
14 CITY - ST - ZIP: MIRAMAR, FLORIDA, 33023 33023	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE:	
22 NAME:	
23 STREET ADDRESS:	
24 CITY - ST - ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY - ST - ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY - ST - ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY - ST - ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
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 exemption stated in Section 119.07(13)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ameer* **FARYAAD AMEER** 07/25/96 (954) 424-9454

CR2E034 (3/96)