

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000026956 (9)

1. Corporation Name  
KDM SUPPLY, INC.



Principal Place of Business

980 S.W. 70TH AVENUE  
PLANTATION FL 33317  
US

Mailing Address

930 S.W. 70TH AVENUE  
PLANTATION FL 33317  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1500 SW 106 Terr  
Suite, Apt. #, etc.

22 City & State  
Davie, FL

23 Zip Country  
33324 US

2a. Mailing Address

26 1500 SW 106 Terr  
Suite, Apt. #, etc.

27 City & State  
Davie, FL

28 Zip Country  
33324 US

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

06/11/1996

4. FEI Number

65-0580061

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCH KITAY  
930 S.W. 70TH AVENUE  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

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

1500 SW 106 Terr.

83

84 City  
Davie

FL

85 Zip Code  
33324

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

TITLE P  
NAME KITAY, MITCHELL  
STREET ADDRESS 930 S.W. 70TH AVENUE  
CITY-ST-ZIP PLANTATION FL ☐ DELETE

TITLE V  
NAME KITAY, DAVID  
STREET ADDRESS 930 S.W. 70TH AVENUE  
CITY-ST-ZIP PLANTATION FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME KITAY, MITCHELL  
1.3 STREET ADDRESS 1500 SW 106 Terr.  
1.4 CITY-ST-ZIP Davie, FL 33324 ☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME DAVID KITAY  
2.3 STREET ADDRESS 1500 SW 106 Terr.  
2.4 CITY-ST-ZIP Davie, FL 33324 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

14. I do hereby 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 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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

8/13/97

723-0901

CR2E034 (4/97)