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

CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P95000030903 (5)

G & S BUILDING SUPPLY OF BOCA, INC.

Principal Place of Business Mailing Address 4726 NW 2 AVE PO BOX 421250 **BOCA RATON FL** MIAMI FL 33242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0578760 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POLLACK, ROBERT Name 5750 NW 32 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 84 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Fforida. 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, Fforida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change Addition TITLE 1.1 TITLE POLLACK, ROBERT NAME 1.2 NAME 5750 NW 32 AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 1.4 CITY-ST-ZIP PSI DELETE ___ Change Addition TITLE 2.1 TITL€ POLLACK, SUSAN NAME 2.2 NAME 5750 NW 32 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE **DOUGLAS L. ROSEMAN** 3.2 NAME **21734 RAINBERRY PK CIRCLE** STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplemental lannual 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 ecover 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 attraction of the corporation or the ecover of the corporation of the corporation of the ecover of the corporation of the corporation of the ecover of the corporation of the ecover of the ecov

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

Jan 23 1998 8:00am

Secretary of State