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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031002

1. Corporation Name

	SUPPLY, INC.								
Principal Disc	ce of Business	. Mail	ling Address						
•			ling Address						
3475 NW 115TH AVE. 3475 NW 115TH AVE. MIAMI FL 33178 MIAMI FL 33178									
US US						1	5 DO NOT WRIT	TE IN THIS SPACE	
	•	-				T ₃	3. Date Incorporated or Qualifed		
							04/20/1995	1 44	
2. Principal F	Place of Business	2a. I	Mailing Address				4. FEI Number	. ,	Applied For
21		26	5 /				65-0579097	<u> </u>	Not Applicable
Suite, Apt	. #. etc.		Suite, Apt. #, etc.				03 03/303/		Additional
22		27				5	5. Certifcate of Status Desired		Required
City & Sta	ite .		City & State				5. Election Campaign Financing		0 May Be
23		28				١,٠	Trust Fund Contribution		d to Fees
Zip	Country		Zip	, Cou	ıntry	٠,			0 10 1 003
24	25	29	•	30	- ,	*	This corporation owes the curre Personal Property Tax.	ent year intangible Yes	□No
	9. Name and Address of Currer		ered Agent .	1301). Name and Address of New R		
	والمراجع	NJO 1	. 1,36		81 Name	- 10			
,, ,, ,, ,GO1	NZALEZ. JESUS						·		,
⁽⁴⁾ 149	20 S.W. 145TH ST.				82 Street A	Address ((P.O. Box Number is Not Accepta	ble)	
	MI FL 33196				83		1,30 (41,62 a) 6,744 1,30 (41,63 a) 6,012 (41,63		CELEBRA
					-			可控制的问题	哈特斯蘭
					84 City		The second secon	85 Zi	Code Code
7,75 pp. 25.9	FALSE	A 4'00"	7.4500: 51		<u> </u>			FL	*
office or agent. I a	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida ations of, S	Such change was Section 607.0505, Fl	authorized orida Stat	by the corpo utes.	oration's t	board of directors. I hereby accept	t the appointment as	registered
0.0,0,0,0,0	Signature, typed or printed name of registered ager						, .		
	organizate, types or printed risine or registered ager	nt and title if a	applicable. (NOT	E: Registered	Agent signature re	equired when	n reinstating) 🎋 🖟	DATE	
12.	OFFICERS AN		TORS	E: Registered	Agent signature re	equired when	n reinstating)		
12.	OFFICERS AN					equired when	ADDITIONS/CHANGES TO OFF		
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TITLE NAME STREET ADDRESS	OFFICERS AN ST PEREZ, AUGUSTO 2786 N W 79TH AVENUE		TORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET ADDRESS TY-ST-ZIP	equired when	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	e Addition
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14. I hereby certify that the information supplied with this filing dees not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arinual 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 attack them with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90025 046 ***150.00