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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P95000055084 (4)

JN SUPPLIES, INC

Corporation Name

JN SU	PPLIES, INC								
Principal Place of Business Mailing Address						- \$ (##II## II film thilbi milli maliti ma	iste darat anda i Aus	ti stili said	TI (A115 Atht 400)
4413 S. KIRKMAN RD., APT. #203-F 4413 S. KIRKMAN RD ORLANDO FL 32811 ORLANDO FL 32811				3-F					
						3. Date Incorporated or Qualified 07/13/1995	3a. Date	d Last Re	port
2. Principal Pla	ce of Business	2a. Mailing Address 26			4. FEI Number 59 - 33 24 286			Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 4	Country 25	Zip 29	Cour <b>30</b>	ntry		8. This corporation has liability for Florida Statutes	r intangible tax s  No	under s	199.032,
<u> </u>	9. Name and Address of Cu	1 1 1				10. Name and Address of New	Registered A	gent	
				81	Name				
KARIM, NASREEN				82 Street Address (P.O. Box Number is Not Acceptable)					
4413 S. KIRKMAN RD., APT. #203-F ORLANDO FL 32811			•	83				,	
				84	City		FL	85 Z#	o Code
familiar wit	h, and accept the obligations of,	Section 607.0505, Florida State	(NOTE: Ragistered				DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE	1, 1 70				L	] Change	
NAME	KARIM, NASREEN	107 #100 P	1.2 NA						
STREET ADDRESS	4413 S. KIRKMAN RD.,	APT. #203-F			ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32811			TY-5	r - ZIP		г	Change	Addition
FIILE		DELETE	2. 1 Ti				_	,	L.4
NAME			22 NA		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		DELETE	2 4 CI 3. 1 T		1-217			Change	Addition
TITLE		Deterio	3.2 N/				_	_	
NAME OZOSEZ ADDRESS			1		ADDRESS				
STREET ADDRESS			3.3. S		}				
CITY-ST-ZIP TITLE		DELETE	4 1 7					Change	☐ Addition
NAME			4.2 N						
STREET ADDRESS			4.3 \$	IRÉET	ADDRESS				
					T-ZIP				
TITLE		DELETE	5 1 T					Change	Addition
NAME		<del></del>	5 2 N	AME					

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 early; 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. CITY-ST-ZIP

53 STREET ADDRESS

5.4 CITY - ST - ZIP

64 CITY-ST-ZIP

6. 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: X SIGNATURE AND TYPE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

NA SREEN KARIM

4/8/96

Daytime Phone #

Change

Addition