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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P95000062327 (8)

INTERS	STATE SUPPLIES & SERV	ICES, INC.								
Principal Place of Business Mailing Address							r nagyatty nia tatah dilih agun ading Garin Agus	#411 <b>0</b> 11880 11118 111	BIL PARA FARA	
			MITH FARM RD. IGS NC 28226				DO NOT WRITE IN THIS SPACE			
03		00					3. Date Incorporated or Qualified			
<u> </u>							08/10/1995			
2. Principal F	Place of Business	2s. Mailing	Address				4. FEI Number	A	pplied For	
26							65-0603985	N	lot Applicable	
Suite, Apt	Suite, Apt #, etc Suite, Apt #, etc.						5. Certificate of Status Desired		3.75 Additional	
22		27					5. Certificate of Status Desired	Fee R	Required	
City & Stat	е	City & S	itate				6. Election Campaign Financing	\$5.00	May Be	
23		28					Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip		Count	ry		8. This corporation owes or has paid the			
24	25	29		30			Personal Property Tax due June 30.		] No	
	9. Name and Address of Cur	rent Registered Ag	ent		<del></del>		10. Name and Address of New Register	d Agent		
	EEN, JODI B. P.A.			8	וי	Name				
	99 W. Palmetto Park Road	)		8	2	Street Ad	dress (P.O. Box Number is Not Acceptable)			
во	CA RATON FL 33486			ļ <u>.</u>						
				8	3					
				В	4	City		85 Zip	Code	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author; agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida S</li> </ol>							F	'L     `		
SIGNATURE	Signature, typed or printed name of registered		(NO)		gent	signature ret	juired when reinstating) DATE			
12.		AND DIRECTORS	DELETE		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TOLE	D DANAD	L	DELETE	1.1 THE			PRESIDENT	Change	☐ ¥000000	
NAME	JOUBERT, DAWID	0 00 HTH 077 43	100	1.2 NAMI			DAWID JOUBERT			
STREET ADDRESS	1100 PARK CENTRAL BLVI		00	1.3 STRE			1321 WINNINGTON CIRC	LE		
CITY-ST-ZIP	POMPANO BEACH FL 3300		DELETE	2.1 TITLE			HARLOTTE. NC 28221	Change	Addition	
TITLE		L	בין טבננונ				DIRECTOR STANLEY K. CIUIN	Change	Managanii	
NAME				2.2 NAME			10382 BUENA VENTURA	Dr.		
STREET ADDRESS				2 3 STRE						
CITY-ST-ZIP TITLE	L_ DELETE			2 4 CITY 3 1 TITLE		ZIP [	BOCA RATON. FL. 3349	Change	Addition	
	La been						Onlings	L Noomon		
NAME STOLL LADDOLGS				3.2 NAME		None de				
STREET ADDRESS				3.3 STRE						
CITY-ST-ZIP TITLE		···	DELETE	3.4. CITY 4.1 TITLE		ZIP .		Change	Addition	
NAME		L		4.1 HILE 4.2 NAM				Griange	Addition	
STREET ADDRESS	<del></del>			4. 2 NAM 4.3 S1RE		DD86GS				
				4.3 STREE						
CiTY-ST-ZIP TITLE		т	DELETE	5.1 NTLE	_	LIF		☐ Change	Addition	
NAME		_		5.2 NAME						
STREET ADDRESS				5.3 STREE		JUBEG6				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6.4 CITY -		t IL.		Change	Addition	
NAME		_		62 NAME		1				
PAYMENT.				OZ RAMIO		1				

14. I 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fuelor 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 indicate.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS