

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000067963 (5)

1. Corporation Name
ABC SUPPLY HOUSE, INC.



Principal Place of Business 14227 SOUTH DIXIE HWY. MIAMI FL 33176	Mailing Address 14227 SOUTH DIXIE HWY. MIAMI FL 33176-7224
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2. Principal Place of Business 21 17364 SOUTH DIXIE Suite, Apt. #, etc. HIGHWAY 22 City & State 23 Miami, FL Zip 24 33157 Country 25 USA		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 SAME Zip 29 SAME Country 30 SAME		3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last Report 06/21/1996
				4. FEI Number 65-0613605	Applied For Not Applicable
				5. Certificate of Status Desired 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent 81 Name JAMES M. SCHIFF 82 Street Address (P.O. Box Number is Not Acceptable) 41609 9130 SOUTH PALM BLVD 83 MIAMI, FL 84 City FL 85 Zip Code 33156	
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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: *James M. Schiff* (NOTE: Registered Agent signature required when reinstating) DATE: 2-5-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COKE, OLIVE P. 14227 SOUTH DIXIE HWY. MIAMI FL 33176	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PD FOWLER, OLIVE P. 17364 SOUTH DIXIE HIGHWAY MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	VP/S/T/D FOWLER, OLIVE 17364 SOUTH DIXIE HIGHWAY MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *O. Fowler* 1/21/97 (305) 378-9587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)