

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P 95000091459 (4)*
1. Corporation Name
South Florida Supply, Inc.

Principal Place of Business
*2505 Poinciana Drive - Same -
Weston, FL 33327*

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <i>11/29/95</i>	4. FEI Number <i>65-0626390</i>	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent
*Potter, David P.
2505 Poinciana Drive
Weston, FL 33327*

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code

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 _____ (Signature of type or print name of registered agent and date (applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
1. <i>Resnick, Minnie</i>	☐ DELETE
STREET ADDRESS	2. <i>2505 Poinciana Drive</i>
CITY-STATE-ZIP	3. <i>Weston, FL 33327</i>
TITLE	NAME
4. <i>VPT</i>	☐ DELETE
STREET ADDRESS	5. <i>Resnick, Irene</i>
CITY-STATE-ZIP	6. <i>2505 Poinciana Drive</i>
TITLE	NAME
7. <i>Weston, FL 33327</i>	☐ DELETE
STREET ADDRESS	8. ☐ DELETE
CITY-STATE-ZIP	9. ☐ DELETE
TITLE	NAME
10. ☐ DELETE	☐ DELETE
STREET ADDRESS	11. ☐ DELETE
CITY-STATE-ZIP	12. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME
3. STREET ADDRESS	4. CITY-STATE-ZIP
5. TITLE	6. NAME
7. STREET ADDRESS	8. CITY-STATE-ZIP
9. TITLE	10. NAME
11. STREET ADDRESS	12. CITY-STATE-ZIP
13. TITLE	14. NAME
15. STREET ADDRESS	16. CITY-STATE-ZIP
17. TITLE	18. NAME
19. STREET ADDRESS	20. CITY-STATE-ZIP
21. TITLE	22. NAME
23. STREET ADDRESS	24. CITY-STATE-ZIP
25. TITLE	26. NAME
27. STREET ADDRESS	28. CITY-STATE-ZIP
29. TITLE	30. NAME
31. STREET ADDRESS	32. CITY-STATE-ZIP
33. TITLE	34. NAME
35. STREET ADDRESS	36. CITY-STATE-ZIP
37. TITLE	38. NAME
39. STREET ADDRESS	40. CITY-STATE-ZIP
41. TITLE	42. NAME
43. STREET ADDRESS	44. CITY-STATE-ZIP
45. TITLE	46. NAME
47. STREET ADDRESS	48. CITY-STATE-ZIP
49. TITLE	50. NAME
51. STREET ADDRESS	52. CITY-STATE-ZIP
53. TITLE	54. NAME
55. STREET ADDRESS	56. CITY-STATE-ZIP
57. TITLE	58. NAME
59. STREET ADDRESS	60. CITY-STATE-ZIP
61. TITLE	62. NAME
63. STREET ADDRESS	64. CITY-STATE-ZIP
65. TITLE	66. NAME
67. STREET ADDRESS	68. CITY-STATE-ZIP
69. TITLE	70. NAME
71. STREET ADDRESS	72. CITY-STATE-ZIP
73. TITLE	74. NAME
75. STREET ADDRESS	76. CITY-STATE-ZIP
77. TITLE	78. NAME
79. STREET ADDRESS	80. CITY-STATE-ZIP
81. TITLE	82. NAME
83. STREET ADDRESS	84. CITY-STATE-ZIP
85. TITLE	86. NAME
87. STREET ADDRESS	88. CITY-STATE-ZIP
89. TITLE	90. NAME
91. STREET ADDRESS	92. CITY-STATE-ZIP
93. TITLE	94. NAME
95. STREET ADDRESS	96. CITY-STATE-ZIP
97. TITLE	98. NAME
99. STREET ADDRESS	100. CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *J. Russell H. - Irene Resnick 9/14/98*

CR2E034 (5/98)