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

PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1/23 /96 4/4-782-4251

CR2E034 (12/95)

1996 DOCUMENT #
1. Corporation Name

P95000094385 (8)

J & E SUPPLIES, INC.

| Descript Place of Business Us tax Addison | | | | | | 1881/1981 188 1818 BISH 1811 | DANA BURA FA | | |
|---|--|---|---|---|--|--|------------------------------|--------------------------|---|
| Principal Place of Business 4899 NORTH FEDERAL HIGHWAY SUITE 203J POMPANO BEACH FL 33084 | | 4699 NORTH FEDERAL I SUITE 203J | Maing Address 4699 North Federal Highway Suite 203J Pompano Beach Fl 33064 | | | | | | |
| Tomato before the | | | | • | | 3. Date Incorporated or Qualified 12/13/1995 | 1 3a. Date of Last Report | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | | 4. FEI Number 65-064/974 | | | Applied For |
| 21 | II | 26 | | | | 6) - 06 17 1 1 | | | Not Applicable |
| Suite, Apt. | #, etC | h | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| City & Stati | 9 | City & State | | | | 6. Election Campaign Financing | | \$5 | .00 May Be |
| 23 | | 28 | 28 | | | Trust Fund Contribution LJ Added to Fees | | | |
| Zip | Country Zip | | | Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No | | | rs 199.032, | | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| | | | 81 | N | lame | | | | |
| ROSENBAUM, RICHARD L | | | 82 | 0 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | ST BROWARD BLVD. | | 02 | اد | Jeet Addres | s (ro. box ritir ber is ritot Accepta | oic, | | |
| SUITE 1 | | | 83 | | | | | | |
| FT. LAU | DERDALE FL 33301 | | 84 | c | ity | | | 85 Zip Code | |
| | | | | l | · · · · · · · · · · · · · · · · · · · | | <u> F</u> L | <u>- 1, 1,</u> | |
| or register | red agent, or both, in the State of | popz and 607.1508, Florida Statute Fiorida. Such change was authorize Section 607.0505, Florida Statutes. | s, the above i d by the cort | narn xorat | ed corporati ion's board | ion submits this statement for the pa of directors. I hereby accept the app | irpose of ch pointment as | anging i s register | ts registered office red agent. I am |
| SIGNATURE | Signar ine Typed or printed namic of registered | அளவு ஐவ் கேச் சேவர் அல் (NO) | n Bagatao (Âg) | մ հար | uat de festines i w | Lerner strand | DATE | - | |
| 12. | OFFICE RS | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | DIREC | TORS IN 12 |
| TITLE | PIATIN HUAN | 28€). □ DELETE | 1. 1 T TLE | | | | | ☐ Chane | ge 🔲 Addition |
| NAME | | 无 | 1.2 NAME | | | | | | |
| STREET ADDRESS | 4684 W. File (tw) | * 816 X02 D | 13 STREE | | | | | | |
| CITY - ST - ZIP | JUINMAN BOH FE | - C 2006 | 1.4 C-TY-3 | ST Z:I | P | | | Chang | ge 🗍 Addition |
| TITLE NAME | BAUMANN ROBER | N/ VINEDLIGHT | 2 1 HILE 2 2 NAME | | | | | - Griani | Je [] Addition |
| STREET ADDRESS | 4644 N. FRORTING | . 11601 3712 203 - | 2.3 STREET | ((คาค. | IBESS | | | | |
| CITY - ST-ZIP | Pompano Bedi | FL 33064 | 24 City St ZP | | | | | | |
| TITLE | - | DELETE | 3 1 TITLE | | | | | ☐ Chan | ge 🔲 Addilion |
| NAMÉ | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | 33 SIRE | TADO | ORESS | | | | |
| CITY - ST - ZIP | | FD por FIG | 3.4 CITY : | 5-71 | 2 | | | | Addres |
| TITLE | | ☐ DELF16 | 4 11111 | | | | | Chang | ge |
| NAME STREET ADDRESS | | | 4.2 NAME 4.3 STRE | . 600 | IEL CC | | | | |
| CITY-ST-ZIP | | | 4.4 CHTY : | | | | | | |
| TITLE | | ☐ DELETE | 5 1 TiTuf | | | w | | Chang | ge 🔲 Addition |
| NAME | | | 5.2 NAME | | | | | | |
| STREEL ADDRESS | | | 5.3 STRE | I ADD | IHESS. | | | | |
| CITY-ST-ZIP | | | 5 4 CITY | ST ZI | P | | | | |
| FITLE | | ☐ DELETE | 6 1 THILI | | | | | Chang | ge 🔲 Addition |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STRE | | | | | | |
| CITY-ST-ZIP 14. Ldo heret | y certify that the information sugn | hed with this filing is voluntaria furnic | 64 City shed and doe | | | the exemption stated in Section 119 | 0.07(3)(k), FI | orida St | atutes. I further |
| certify that oath; that | it the information indicated on this I am an officer or director of the c | annual report or supplemental annu | ial report is the empowered | ue a | no accurate | rand that my signature shall have the report as required by Chapter 607, F | e same lega Torida Statu | il effect a ites; and | as if made under I that my name |
| SIGNAT | TURE: | フル | | | | 1/23 /96 | 4/4 | 1-752 | - 4251 |
| JIGHT | | ED OR PRINTED NAME OF SIGNING OFFICE | OR DIRECTOR | | | Date | | Daytone Phi | one # |