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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **P96000038142 (1)**

1. Corporation Name
CENTRAL CONTRACTOR'S SUPPLY, INC.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 4920 MIAMI FL 33131-2352	200 SOUTH BISCAYNE BLVD., SUITE 4920 MIAMI FL 33131-2340

3. Date Incorporated or Qualified: 04/29/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7900 NW 64 St	26 7900 NW 64 ST
Suite, Apt #, etc 22 N/A	Suite, Apt #, etc. 27 n/A
City & State 23 Miami Florida	City & State 28 Miami, Florida
Zip 24 33166 Country 25 USA	Zip 29 33166 Country 30 USA

4. FEI Number: 65-0674341 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STIEGLITZ, NICK W JR.
200 SOUTH BISCAYNE BLVD., SUITE 4920
MIAMI FL 33131-2352

10. Name and Address of New Registered Agent

81 Name: GLENN H COOPER
82 Street Address (P.O. Box Number is Not Acceptable): Central Contractor's Supply, Inc.
83 7900 NW 64 ST
84 City: Miami FL 85 Zip Code 33166

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] President — 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	PRESIDENT + DIRECTOR ☑ Change ☐ Addition
NAME	COOPER, GLENN H	1.2 NAME	GLENN H. COOPER
STREET ADDRESS	4940 SW 89TH PLACE	1.3 STREET ADDRESS	7900 NW 64 St
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	MIAMI FLORIDA 33166
TITLE	☐ DELETE	2.1 TITLE	Vice-President-Purchasing ☐ Change ☑ Addition
NAME		2.2 NAME	James Nowosad
STREET ADDRESS		2.3 STREET ADDRESS	7900 NW 64 St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL. 33166
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] President — 4/7/97 — (305)591-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #