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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045331 (1)

A/C SUPPLY CENTER, INC.

Principal Place of Business Mailing Address

2101 SW 59TH AVE
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023-3046

FILED Jan 29 1997 8:00am Secretary of State



	-						
<u>.</u>							3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1996
	Place of Business	28.	Mailing Address				4. FEI Number Applied For
21		26					6V-067/29 Not Applicable
Suite, Apt.	. #, etc.	-	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22	1-	27				· · · · · · · · · · · · · · · · · · ·	Fee Required
City & Sta	[0	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		<i>Ζ</i> ιρ	Co	ountry	/	8. This corporation has liability for intangible tax under s. 199,032,
24	25	29		30			Florida Statutes X Yes No
	9. Name and Address of Curre	nt Registe	ered Agent				10. Name and Address of New Registered Agent
	ED, MARK E				81	Name	
2706 BRICKELL BAY OFFICE TOWER					82	Street Add	Idress (P.O. Box Number is Not Acceptable)
)1 S BAYSHORE DR						(Tel Best Verille (Tel Telephanie)
MA	WI FL 33131				83		
4					84	City	ag 7's Code
1					54	City	FL 85 Zip Code
, once or	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida gations of,	Such change was Section 607.0505, F	authoriz Iorida St	ed by atutes	y the corpora s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered as					ont signature req	quired when roinslaning) DATE
12.	OFFICERS AN	ND DIRECT		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	RODRIGUEZ, ENRIQUE		☐ DELETE	1.1	TITLE		Change Addition
NAME	2101 SW 59TH AVE			1.2	NAME	į	
STREET ADDRESS	HOLLYWOOD FL 33023			13	STHEET	ADDRESS	
CITY-ST-ZIP	HULLIWOOD PL 33023			_	CITY-S	IT - ZIP	
TITLE	DELETE			2 1	TITLE		Change Addition
NAME				2.2	NAME		
STREET ADDRESS				2.3	STREET	ADDRESS	•
CITY-ST-ZIP					CITY	S1 - ZIP	
TITLE			DELETE	3.1	THILE		☐ Change ☐ Addition
NAME				3.2	NAME		
STREET ADDRESS				3.3	STRFET	ADDRESS	
CITY-ST-ZIP			<u>-</u>	3.4	CI1Y - 5	S1-ZIP	
TITLE			☐ DEL€TE	4.1	11116		Change Addition
NAME				4. 2	NAME		
STREET ADDRESS				4.3	STREET	ADDRESS	
CITY-ST-ZIP				4.4	CITY-S	T-ZIP	
TITLE ·			DELETE.	51	TITLE	_	Change Addition
NAME				5.2	NAMU		
STREET ADDRESS				5.3	STREET	ADDRESS	
CITY-ST-ZIP				54	CITY-S	1 - 7IP	
TRLE			DELETE	61	THILE		Change Addition
NAME				62	NAME		
STREET ADDRESS				6.3	STREET	ADDRESS	
	l					ı	

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 all achment with an address.

IGNATURE: 16N 2 4 1007