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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051634 (9)

M & S SALES OF SOUTH FLORIDA, INC.

FILED Jan 30 1998 8:00am Secretary of State



| BOTS STRRUP CAY CT BOYNTON BEACH FL 33438 2. Principal Place of Business 2. Am Mailing Address 2. Principal Place of Business 2. Am Mailing Address 3. Date Incorporated or Qualified 06/07/1996 4. FEI Number 65-0678149 Not Applied Fi Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State City & State City & State City & State 2. Principal Place of Business 2. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1996 65-0678149 Not Applied Fi 65-0678149 Not Applied F | | | | | | | | |
|--|--|--|---|--|----------------------|--------------------------------|---|---------|
| BOYNTON BEACH FL 33438 2a. Mailing Address 2a. Mailing Address 4. FEI Number 65-0678149 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc. 2c. Suite, A | Principal Place of Business Mailing Address | | | | | | | |
| 2. Principal Place of Business | | | | | | | DO NOT WRITE IN THIS SPACE | |
| 2. Mailing Address 2a. Mailing Address 4. FEI Number Applied F. Sulte, Apt. #. etc. 26 Sulte, Apt. #. etc. Sulte, Apt. # | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Suite, Apt. #, etc. City & State Country Added to Fees B | 9 Principal Diago of Rusiness 9- Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Site State Site Sit | | riace of Dosniess | }− ¬ " | ٦ | | | Trapile 1 | |
| City & State Country Zip Country Added to Fees 8. This corporation owes or has paid the current year tytinggible Personal Property Tax due June 30 | | . #, etc. | | <u> </u> | | | SR 75 Additional | ЛВ |
| 28 | | | | | | | 5. Certificate of Status Desired Fee Required | |
| Zip Country Zip Country Zip Country Bersonal Property Tax due June 30 Yes No Personal Property Tax due June 30 Yes No Personal Property Tax due June 30 Yes No | ' | ite | — | City & State | | | | |
| 24 25 9. Name and Address of Current Registered Agent SLOOTSKY, PHYLLIS R 8075 STIRRUP CAY CT BOYNTON BEACH FL 33436 82 Street Address (P.O. Box Number is Not Acceptable) 83 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register of signature, type or present name of 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and acceptable (Note Registered Agent agenture required when reincating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 14. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 16. TITLE 17. TITLE 18. D D DELETE 18. TITLE 28. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 29. ANAE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 29. ANAE 19. Change Address of New Registered Agent 19. Name 19. Corporation's point agent agent and for the purpose of changing its registered Agent 19. Name 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PAMAE 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | Country | | | | | | |
| SLOOTSKY, PHYLLIS R 8075 STIRRUP CAY CT BOYNTON BEACH FL 33436 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 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 register of agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 ITILE D DELETE 1.1 ITILE D Change Adv. STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.1 ITILE D Change Adv. STREET ADDRESS CITY-ST-ZIP MIRANDA, JULIO STREET ADDRESS STREET ADDRES | 24 | | | | | | | |
| SLOUTSNT, PHILLIS H 8075 STIRRUP CAY CT BOYNTON BEACH FL 33436 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyred or prefiled name of registered agent and the Papphonium of Papphoni | 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | |
| BOYNTON BEACH FL 33436 84 City FL 85 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 register of given 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Add MIRANDA, JULIO STREET ADDRESS STRE | | | | ĺ | B1 | Name | | |
| B3 B4 City | | | | | 82 | Street Ad- | Idress (P.O. Box Number is Not Acceptable) | _ |
| 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 register of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tool if applicable (NOTE, Registered Agent signature required when reinstating) DATE | ВС | DYNTON BEACH FL 334 | 136 | | 83 | | | _ |
| 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 register of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tool if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | 84 | City | Øs Zin Code | _ |
| 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS DELETE 1.1 TITLE D STEIN, ALBERT M 1.2 NAME STREET ADDRESS SOPTS STIRRUP CAY CT 1.3 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33436 1.4 CITY-ST-ZIP TITLE D MIRANDA, JULIO 2.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 DELETE 3.1 TITLE D Change Add AMME MIRANDA, MILAGROS ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Add AMME AMME MIRANDA, MILAGROS ACCEPTANCE AMME AMME MIRANDA, MILAGROS ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D Change Add Change Add Add AMME AMME MIRANDA, MILAGROS ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D Change Add Change Add Add AMME AMME MIRANDA, MILAGROS ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Change Add Change Add Add AMME AMME MIRANDA, MILAGROS | | | | | | | FL T | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | 11. Pursuant office or agent. La | to the provisions of Sectio registered agent, or both, i am familiar with, and accep | ns 607.0502 and 607.1508, Florid in the State of Florida. Such chan of the obligations of, Section 607. | ia Statutes, the at ge was authorized 0505, Florida Stat | oove d by utes | e-named co the corpor s. | rporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered | i id |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE Change Add NAME STEIN, ALBERT M 1.2 NAME 1.2 NAME STREET ADDRESS 8075 STIRRUP CAY CT 1.3 STREET ADDRESS CITY-ST-ZIP CHANGE DELETE 2.1 TITLE Change Add | SIGNATURE | | | | | | | |
| DELETE D | 12. | | | | d Age | int signature req | | |
| STEIN, ALBERT M 1.2 NAME 1.3 STREET ADDRESS 8075 STIRRUP CAY CT 1.3 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33436 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Add Address | | , | | | īLE | | | on |
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| CITY-ST-ZIP BOYNTON BEACH FL 33436 | STREET ADDRESS | 1 | CT | 1.3 ST | REET | ADDRESS | | ı |
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| SIRELI ADDRESS 10//0 SYV 1415 U | | | | | | | | |
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| CITY-ST-ZIP MIAMI FL 33175 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE □ Chance □ Add | | MIMINI PL 33173 | ne ne | | | -1 - ZIP | Change Addition | = |
| NAME 4.2 NAME | | | | | | | | " |
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| NAME 6.2 NAME | NAME | | | 6.2 NA | ME | | | |
| STREET ADDRESS 6.3 STREET ADDRESS | STREET ADDRESS | | | 6.3 STF | REET | ADDRESS | | |
| City-St-ZIP 64 City-St-ZIP 64 City-St-ZIP 14. Thereby 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 | | partify that the information | punnlied with this titing door and | | | | o Contino 140 07/2/Vi Electedo Diabetes 14-14-1-1-14-14-14-14-14-14-14-14-14-14- | _ |

indicated on this annual report or supplomental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 an attachment with an address.