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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062165 (1)

FILED
May 12 1997 8:00am
Secretary of State

ALL FLORIDA SUPPLY, INC. Principal Place of Business Mailing Address 1717 ACME STREET ORLANDO FL 32805 POSTED					
			[UO I LI	3. Date incorporated or Qualified 07/25/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	t # etc	Suite, Apt. #, etc.		59-3392609	Not Applicable 88.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Zip 4]	Country	Zip 3	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032. ☐ Yes ☐ No
Ч	9. Name and Address of Curre		1	10. Name and Address of New Re	
-SUI ORI	DE. ROBINSON STREET ITE 1150 LANDO FL 32801-1962		83 City Or	Iress (P.O. Box Number is Not Acceptal Acme St Lando	FL 85 Zip Code 3 2805
agent L	am familiar with, any accept the oblig	adjons of Region 607.0506, Flori	inorized by the corpora da Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	print appointment as registered
SIGNATURE	Signature: types or printed name of represent a OFFICERS AI	gent and ride if applicable NOTE	Registered Agent signature requ		DATE CERS AND DIRECTORS IN 12
agent I SIGNATURE 12. TILLE NAME	Sheative Typida or provided name of represent a OFFICERS AI	gent and little if applicable (NOTE	Registered Agent signature requ	pired when reinstating)	DATE
BIGNATURE I 12. IILE IAME	Signature Typeda or plotted name of represented a OFFICERS AID ELLIOTT, RANDOLPH S	gent and ride if applicable NOTE	Registered Agent signature requ	pired when reinstating)	DATE CERS AND DIRECTORS IN 12
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4. 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; the tam an officer or director of the corporation or the receiver or trustee approved 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:

IGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0086484