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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90184 022 \*\*\*150.00

**FILED** 

1999 DOCUMENT # P9600064826

CNY SERVICE SUPPLY, INC.

Principal Place of Business

Mailing Address

CAPE CORAL FI	CLUB BOULEVARD L 33904-5234	4117 COUNTRY CLUB BOUL CAPE CORAL FL 33904-5234	EVARD		3. Date Inco 08/02/	DO NOT WE orporated or Qualifed		IS SPACE	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Num				Applied For
.1		26			65-069	<u> 3931</u>			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5 Certificate	of Status Desired		•	5 Additional
2		27	** -						Required
City & State	•	City & State			L .	Campaign Financing nd Contribution	<sup>1</sup>		May Be d to Fees
Zip	Country 25	Zip 29 3	Count	try	'	oration owes the cu Property Tax.	rrent year	Intangible Yes	□No _
71	9. Name and Address of Current	<del></del>	T		10. Name at	nd Address of New	Registere	d Agent	
BROOME, KIMRA E 4117 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33904-5234			8	33	Street Address (P.O. Box Number is Not Acceptable)				
			{	34 City			F	L 85 Z	ip Code
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on In familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	horized t da Statut	by the corp	oration's board of dir	this statement for the ectors. I hereby according	ept the app	of changing pointment as	its registered registered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agen			gent signature	required when reinstating)	ICICIIANCEC TO O		AND DIDEC	TODE IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITION	IS/CHANGES TO O	FFICERS.	(L) hand	ne
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14. I 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, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/15/99

941-549-4593

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