

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1082

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

97 SEP 12 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000076566 (4)

1. Corporation Name
SANIMAT SUPPLIES, INC.



Principal Place of Business
2392 WROTHAM TERRACE
WELLINGTON FL 33414

Mailing Address
2392 WROTHAM TERRACE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/13/1996 3a. Date of Last Report 9/96

4. FEI Number 65-0716463 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 4607 LAKE WORTH RD.
Suite, Apt. #, etc.

2a. Mailing Address
26 4607 LAKE WORTH RD.
Suite, Apt. #, etc.

22 City & State
23 LAKE WORTH, FL.

27 City & State
28 LAKE WORTH, FL.

24 Zip 33463 25 Country USA

29 Zip 33463 30 Country USA

9. Name and Address of Current Registered Agent

DELIA, BRYAN
858 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name BRYAN L. DELIA
82 Street Address (P.O. Box Number is Not Acceptable)
83 4607 LAKE WORTH ROAD
84 City LAKE WORTH FL 85 Zip Code 33463

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]* PRES. 9/10/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	PSTO	DELIA, BRYAN L	2392 WROTHAM TERRACE WELLINGTON FL 33414
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
5000002294545	-09/16/97-01059-008	****165.00	****165.00
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 supplement to 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.

CR2E034 (4/97)