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97 MAY -1 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000101620

1. Corporation Name

E-Z SUPPLIES INC

Principal Place of Business

Mailing Address

3603 Fairway Forest DR.  
Palm Harbor FL-34685

3. Date Incorporated or Qualified

9th Dec 1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 TAMPA

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NURUDDIN MANDANI  
3603 Fairway Forest DR  
Palm Harbor FL-34685

81 Name

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 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 and I am authorized to, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Nuruddin Mandani

4/30/97

Signature of officer or director of corporation or registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P.D. <input type="checkbox"/> DELETE
NAME	NURUDDIN, MANDANI
STREET ADDRESS	3603 Fairway Forest DR
CITY-STATE-ZIP	Palm Harbor FL 34685
TITLE	V.D. <input type="checkbox"/> DELETE
NAME	KHIRUNISSA MANDANI
STREET ADDRESS	3603 Fairway Forest DR
CITY-STATE-ZIP	Palm Harbor FL 34685
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	700002167547--B
13 STREET ADDRESS	-05/06/97--01075--005
14 CITY-STATE-ZIP	****165.00 ****165.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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 a 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Nuruddin Mandani

4/30/97

Date

Daytime Phone #

CR2E034 (9/96)