Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90068 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000105677

i. Surperation	, radine										
aaa suf	PPLIES, INC.							1 40 0 0 0 00 100 100 100 100 100 100 100 100)))	. 1184 1 181 0 1 1111	
_											
Principal Place	e of Business	M	lailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9531 FOUNTAINBLEAU BLVD 9531 FOUNTAINBLEAU BLVD											
SUITE 609 SUITE 609 MIAMI FL 33172 MIAMI FL 33172								DO NOT WRI	TE IN THIS	SPACE	
MIAMI FL 33172 MIAMI FL 33172								3. Date Incorporated or Qualifed			
								12/16/1997			
2 Principal Pl	lace of Business	2a.	. Mailing Address			_		4. FEI Number		TA _r	oplied For
21		26					1	65-0800969		No	ot Applicable
Suite, Apt.	#, etc.	120	Suite, Apt. #, etc.			-				\$8.75	Additional
22			27					5. Certificate of Status Desired		Fee Re	equired
City & State	е	1 2 1	City & State	·········		_		6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Cou	ntry			8. This corporation owes the curr	ent year Inta	ıngible	_
24	25	29		30				Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Regis	stered Agent					10. Name and Address of New I	Registered /	Agent	
				Į	81	Name					
	KER, NELSON F				82	Street	Address	(P.O. Box Number is Not Accept	able)		-
9531 FOUNTAINBLEAU BLVD								<u> </u>			
SUITE 609				83	 						
MIAN	Al FL 33172				84	City				85 Zip	Code
						L		1.5.1	<u> </u>		
office or r	to the provisions of Sections 607.05 egistered agent, or both in the State	a of Flori	ida. Such change was a	uthorized	bv	the corp	corpora oration's	ition submits this statement for the s board of directors. I hereby acce.	purpose or pt the appoir	changing its itment as re	egistered
agent. I a	m familiar with and accept the oblig	ations of	I, Section 607.0505, Flo	rida Statu	ites			•	1/10	100	
SIGNATURE	/W ·								3/10/	77	
	Signature, typed or printed name of registered ag				Agen	nt signature	required wh	ten reinstating) ADDITIONS/CHANGES TO OF	DATE /	n DIRECT(DRS IN 12
12.	OFFICERS A	ND DIRE	DELETE	13.			Т	ADDITIONS/CHANGES TO OF	FICENS AN	Change	Addition
TITLE	D DEV N		DELL'IL	1.2 NA			1				_
NAME	BARKER, REX M	OTE &	00	4		TADDRESS					
STREET ADDRESS	9531 FOUNTAINBLEAU BLVD,	315 0	19				1				
CITY-ST-ZIP	MIAMI FL 33172		☐ DELETE	1.4 CF 2.1 TF		1-ZIP	 			Change	Addition
TITLE	D DADKED NELCON E			2.2 NA						_ •	_
NAME	BARKER, NELSON F	0TF 0	00			- +0000000					
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NAME				3.2 N/		- 4000000	.				
STREET ADDRESS						T ADDRESS	<u>'</u>				
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NAME				4. 2 N							
STREET ADDRESS						T ADDRESS	·				ļ
CITY-ST-ZIP			C priete	4 4 CI	_	T-ZIP	<u> </u>			Change	☐ Addition
TITLE			☐ DELETE	5.1 TN 5.2 NA						change	
NAME				4		* ********					Ī
STREET ADDRESS						T ADDRESS	<u>`</u>				
CITY-ST-ZIP			PRIETE	5.4 CF 6.1 TF		1-41	├ ─			☐ Change	Addition
TITLE			☐ DELETE	1						onange	
NAME				6.2 N/		* 4000000					
STREET ADDRESS	1			6 3 ST	KEE?	T ADDRESS	1				

14. 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE: