


FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90019 001 *2,550.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																													
DOCUMENT # P98000006881 1. Corporation Name CHAD SUPPLY, INC.																																																																	
Principal Place of Business 20 NORTH ORANGE AVENUE #200 ORLANDO FL 32801			Mailing Address 20 NORTH ORANGE AVENUE #200 ORLANDO FL 32801																																																														
DO NOT WRITE IN THIS SPACE																																																																	
2. Principal Place of Business 21			2a. Mailing Address 26																																																														
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27																																																														
City & State 23			City & State 28																																																														
Zip 24			Zip 29																																																														
Country 25			Country 30																																																														
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 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 607.0501 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, typed or printed name of registered agent and title is applicable. (NOT E: Registered Agent signature required when reinstating) DATE _____																																																																	
12. OFFICERS AND DIRECTORS																																																																	
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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 3X(1), 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 person 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 a letter like empowered.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 841-4755

CR2E034 (1/98)