Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90013 029 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000014690

1. Corporation Name

INTERLINE EXPRESS CORP.

Principal Place of Business			Mailing Address					##116#1 *** *### *### #### ####	1491 30 914 0 01 0 1	11911 9191		****	
17011 NORTH BAY ROAD			17011 NORTH BAY ROAD										
#507			#507				DO NOT WOITE IN THIS SDACE						
NORTH MIAMI BEACH FL 33160			NORTH MIAMI BEACH FL 33160			2 2 2 4 1	DO NOT WRITE IN THIS SPACE 3. Date In proparated or Qualifed						
							1	,					
			D. Admillion Address.				4. FEI Nu	1/1998		—т	T A ==	lied For	
2. Principal Place of Business			2a. Mailing Address				4. FEINU	inber	Applied For Not Applicable				
21			Suite, Apt. #, etc.							\$8.75 Acditional			
Suite, Art. #, etc.			<u> </u>				5. Certifo	5. Certificate of Status Desired			Fee Required		
22			City & State				-	A FL III Oi Fii			\$5.00 Nay Be		
City & State			├ ¬ ′				I	6. Electior Campaign Financing Trust Fund Contribution			Added to Fees		
Zip Country													
Zip		´ -	¬ ·		Country		l l	This co-poration owes the current year li Personal Property Tax.			Ttangible ☐Yes []No		
24	25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Regist								
	9. Name and Add	ness of Current Ne	81	Name	TO. Name	and Address of them t	togiotoro.	rigu.n					
l CHY	BIK. OMAR												
17011 NORTH BAY ROAD					82	Street Ad	ddress (P.O. Box	: Number is Not Accept	able)				
#507					83							-	
NORTH MIAMI BEACH FL 33160					"								
THE THE WATER COLORS					84	City			FL	85	Zip Co	cde	
			1 007 4500 El-it-Ot-b				a a a a a di a a a a da a a di	this statement for the		•	ina ite r	r gietered	
11. Pursuant	to the provisions of S egistered agent, or bo	e mons 607.0502 an ot i, in the State of Fl	d 607.1508, Florida Statul orida. Such change was a	es, the ac authorized	by i	the corpor	ra ion's board of c	rectors. I hereby accep	pt the appoi	ntment	as reg	istered	
agent. I ai	m familiar with, and a	coept the obligations	of, Section 607.0505, Flo	rida Statu	tes.								
SIGNATURE									DATE				
Signature, typed or printed nan e of registered agr						it signature req	ed when reinstating)	NS/CHANGES TO OF		ID DIR	ECTOR	23 IN 12	
12.		OFFICERS AND D	DELETE	13. 1,1 TIT			ADDITK	NS/CHANGES TO OF	TICERS P	□ Ch		Addition	
TITLE	D CHARLE		בן סבנבוב										
NAME	•				12 NAME								
STREET ADDRESS 17011 N BAY RD, #507 CITY-ST-ZIP NORTH MIAMI BEACH FL 3316					1.3 STREET ADDRESS								
CITY-ST-ZIP	NORTH MIAMI BI				14 CITY-ST-ZIP					Ch	nanne	Addition	
TITLE				2.1 TITLE							ango		
NAME				2.2 NAME									
STREET ADDRESS				23 STREE		- I							
CITY-ST-ZIP				2. 4 CiTY-		IT-ZIP		- · · · · · · · · · · · · · · · · · · ·		<u> </u>		☐ Addition	
TITLE			☐ DELETE	31 TITLE						☐ Cr	lange	Addition	
NAME				3.2 NA	ME								
STREET ADDRESS				3.3 STI	REET	T ADDRESS							
CITY-ST-ZIP				3.4. CITY-		π-ZIP							
TITLE			☐ DELETE	4.1 TITLE						□CF	hange	Addition	
NAME				4. 2 NA	ME								
STREET ADDRESS				4.3 STI	REET	ADDRESS							
CITY-ST-ZIP	_			4.4 CIT	Y-ST	r-ZIP							
TITLE			☐ DELETE	5.1 TIT	LE						nange	☐ Addition	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate 1 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 societive 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 attachuaght with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition