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## 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 # P98000021654

1. Corporation Name

KATIE'S BUILDING SUPPLY, INC.

			_						
Principal Place of Business Mailing Address									
9820 NW 7 AVE 9820 NW 7 AVE									
MIAMI FL 33150 MIAMI FL 33150						DO NOT WRITE #	NITHIC COA	CE.	
		•				3. Date Incorporated or Qualifed	N ITIIS SFA	<u></u>	
		•				03/05/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
_ '	W 183RD Street	26 99 NW 183	nn e		coot	65-0269611		Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		141	- CCL	5. Certifcate of Status Desired	<b>) \$</b>	8.75 Ac	
22 Suite 230 27 Suite 230 City & State						0.50.1/0			
City & State	·	~ <del>  </del>				6. Election Campaign Financing Trust Fund Contribution		<b>5,00</b> N Added to	
Zip Zip	i, Florida Country	28 Miami, FI.	Cou	ntrv		8. This corporation owes the current			1000
$\neg$	□ ´ ′	<del></del>	30	US		Personal Property Tax.	year milangio		⊃No
<sup>24</sup> 3316	9. Name and Address of Curren		301	U2	5A	10. Name and Address of New Regi			====
	o. Haine and Address of Curren	r regional ou rigoni		81	Name				
MAC	CK, J D			L					
9820 NW 7 AVE				82	Street A	ddress (P.O. Box Number is Not Acceptable)	)		
MIAMI FL 33150				83					
				84	City		FL 85		
office or o	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized	i by	the corpor	orporation submits this statement for the purpartion's board of directors. I hereby accept the	pose of chan e appointme	ging its n nt as regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered ager	(NOT)	E Pagetarari	Acer	of eignature rec	guired when reinstating)	DATE		— Ì
12.		ID DIRECTORS	13.	rigo	n aigiritiai a roq	ADDITIONS/CHANGES TO OFFICE		RECTOF	₹S IN 12
TITLE	P	☐ OELETE	1.1 TI	TLE	T			Change	Addition
NAME	WILLIAMS, ALFRED D			ME					
STREET ADDRESS	9820 NW 7 AVE		1.3 S	REET	ADDRESS				
CITY-ST-ZIP	1 Mars 51 44 45			TY-S	T-ZIP				
TITLE				TLE				Change	☐ Addition
NAME			2.2 N	ME					
STREET ADDRESS	2.3		2.3 S	2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE 3.			3.1 TITLE				Change	☐ Addition \
NAME			32 N	AME	}				
STREET ADDRESS			3.3 S	TREE1	TADDRESS				
CITY-ST-ZIP			3.4. C	ITY-S	T- ZIP				
TITLE		☐ DELETE	4.1 T	TLE				Change	☐ Addition
NAME			4.2 N	AME					•
STREET ADDRESS			4.3 S	TREE	TADDRESS				ĺ
CITY-ST-ZIP		_	4.4 C	TY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE				Change	☐ Addition

CITY-ST-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 an officer or director of the corporation of the receiver or trustee empreciated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed by with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 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

DELETE

Change

☐ Addition