A STORY

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90198 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPLIRTMENT OF STATE Katherine Harris

1999

Secretury of State DIVISION OF CORPORATIONS

	MEN # P98000(220012			J.,		,
- · ·	E SUPPLIES, INC.						11918 1181 1881
Principal Place	e of Business	Mailing Address		_			
8751 WEST BR	OWARO BLVD.	8751 WEST BROWARD BLVD).				-
SUITE 408 SUITE 408 PLANTATION FL 33324 PLANTATION FL 33324					DO NOT WRITE IN THIS SPACE		
PLANTATION: FI	L 33324	PERMIATION PL 33324		3. Date In	corporated or Qualifed		
				03/23	•		
2 Principa P	lace of Business ,	2a. Mailing Address		4. FEI NL	mber	Ap	plied For
1 100 50		26 100. South Pin	e Island Ro	ucl 65	-0823 /6	No	t Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		ı	ite of Status Desired	\$8.75	1
2-501te	-=104	27-Suite-104 -				Fee Re	
City & S at		·City & State-			Campaign Financing	\$5:00	
3 Plan	tation, FL	28 Plantation	FL		und Contribution	Added t	C Fees
Zip	Country	Zip	Country		rporation owes the current year.	ear ntangible Yes	IJNo
<u> 3333</u>	24 25	1 (0 <u> 2 2 2 </u>	10		al Property Tax. and Address of New Regis		-1
	9. Name and Address of Current	Registered Agent	81 Name	- 7 I	and Accorded to the Accorded	<u></u>	
7FR	ERSKY. LAURA		1 7 7 7 7 7 7	<u>~e bersk</u>	1, Laura		
	WEST BROWARD BLVD.				Number is Not Acceptable)	. d'	
	E 408		62		ne Island Kod	4.0	
	NTATION FL 33324		SU1	12 104			
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above-named	crporation submit	s this statement for the purp	ose of changing its	registered
office crr agent. a	egistered agent, or bo h, in the State of m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes.			ose of changing its approintment as re	ragistered g stered
office crr agent. a SIGNATURE	registered agent, or bo h, in the State of in familiar with, and accept the obligati Signature, hyped or pointed he ne of registered agent.	ons of, Section 607.0505, Fluri and title if applicable. (NOT a	da Statutes.	gs led when reinstating)	Ď.	ATE	
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CITY-ST-ZIP 14. I herebit 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 derive 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 or trustee empowered to execute this report as recuired 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

84 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

Addition