

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000038691

CLARK'S COMMERCIAL SUPPLIES INC

Sound Sommer Sol Fele				
Principal Place of Business	Mailing Address		Lifeliest me inch levi entri nedii anim salba lithi	1444 BILLS (BLD) (191 188)
177 ULMERTON ROAD JEDING 2 · SUITE 3 JEDING		3762	DO NOT WRITE IN THIS SPACE	
, , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualified 04/27/1998	
Principal Place of Business 21	2a. Maiting Address 26		4. FEI Number 35 13284	Applied For Not Applicable
Suite, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 3.3 762 25	Zip 33762 Country		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Algent	
COLBERTSON, THEODORE R 1472-BROWNELL STREET CLEARWATER FL 33756		81 Name FARTO KACHU CHA 82 Street Address (P.O. Box Number is Not Acceptable)		
		BIS 3877 YENERTEN RD BUDY STES		
		RAI City A 185 Zin Code		
			LEARWOTER FL 33762	
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	of Florida, Such change was authorize	ed by the corporation	ration submits this statement for the purpose of chair's board of directors. I hereby accept the eppointme	nging its registered ent as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
A PROGRAM AND A				

BUNGAL DELETE 1.1 TITLE Change FARID J. KACHUCHA 12 NAME 3901 69TH ST. N. STREET ADDRESS 1.3 STREET ADDRESS 33709 CITY-ST-ZIP 1.4 City-ST-ZP DELETE Addition Change 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ Change · / Addition ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CRY-ST-ZIP ☐ DELETE Addition Change TILE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE Change TITLE 6.2 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 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 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 required by Chapter 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an agachment-with an address, with all other like empowered.

SIGNATURE:

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90191 029 ***150.00

CR2E034 (11/98)