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**

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90098 017 ***150.00

DOCUMENT # P98000052089

1. Corporation Name

E&DS	upplies, Inc.								
Principal Place	e of Business	Mailing Address			\dashv	1 10011001 150 10501 10111 00115 0015	00111 00101 1	JANG INGH BURUH	18490 YBN 1881
13715 49TH ST N. 13715 49TH ST I UNIT 7A BOX 11 UNIT 7A BOX 11			N. 1]	DO NOT WRITE	IN THIS	SPACE	
CLEARWATER F	-L 33/62	CLEARWATER FL 33762			3	Date Incorporated or Qualifed		OI AOL	
					1 -	06/10/1998			1
2. Principal P	face of Business	2a. Mailing Address				FEI Number		Apr	plied For
21		26				59 - 3503 <i>92</i>	16	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22		27			5.	Certificate of Status Desired	ليا	Fee Rec	quired
City & State	e	City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to) Fees
Zip	Country	Zip	Country	,		This corporation owes the currer	it year Inta		
24		29 3	0			Personal Property Tax.		Д	□No
	9. Name and Address of Currer	t Registered Agent	81	Name	10.	Name and Address of New Re	gistered	- Agent	
BING	G, ERROYL C								
438 KEENE ROAD N			82	Street A	ddress (P.	O. Box Number is Not Acceptab	le)		
LARGO FL 33771			83						———
						• • • • • • • • • • • • • • • • • • • •		e .	
			84	City		•	FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 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.									registered jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: R	eoistered Ager	nt signature req	uired when re	rinstating)	DATE		}
12,		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	BING, ERROYL C		1.2 NAME	į			,		į
STREET ADDRESS	438 KEENE ROAD N		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	LARGO FL 33771		1.4 CITY-S	T-ZIP					
TITLE	VD □ DELETE 2.1 T		2.1 TITLE			,		Change	Addition
NAME	GRIBNITZ, DREW 222		2.2 NAME						
STREET ADDRESS	5843 114TH TERRACE N. 23		2.3 STREE	TADDRESS			-		~
CITY-\$T-ZIP			2. 4 CITY-5	ST-ZIP					
TITLE	_		3.1 TITLE					☐ Change	☐ Addition
NAME	birto, ratacco ir		3.2 NAME						
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP				Channe	- Addition
TITLE	TD	☐ OELETE	4.1 TITLE					☐ Change	☐ Addition
NAME	GRIBNITZ, MICHELLE		4. 2 NAME						
STREET ADORESS	5843 114TH TERRACE N			TADDRESS		•			
CITY-ST-ZIP	PINELLAS PARK FL 33782	DELETE	4.4 CITY-S	T-ZIP			-	☐ Change	Addition
TITLE			5.1 TITLE 5.2 NAME			•			
NAME				T ADDRESS					
STREET ADDRESS			5.4 CITY-S						}
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	, : = 1				Change	Addition
TITLE	F.		6.2 NAME						
NAME				TADORESS				,	

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 or the receiver 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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: