

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90052 015 ***150.00

DOCUMENT # P98000069552

1. Corporation Name
S.A.B. SUPPLY, INC.

Principal Place of Business
343-1 IVES DAIRY ROAD
NORTH MIAMI BEACH FL 33179

Mailing Address
343-1 IVES DAIRY ROAD
NORTH MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1998

4. FEI Number

65-0875493

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 20681 NE 4th Place

2a. Mailing Address

26 20681 NE 4th Place

Suite, Apt. #, etc.

22 # 103

Suite, Apt. #, etc.

27 # 103

City & State

23 NORTH MIAMI B. FL

City & State

28 NORTH MIAMI B. FL

Zip

24 33179

Country

25 USA

Zip

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

BEAUBOEUF, ANNA M. LAUDUN
343-1 IVES DAIRY ROAD
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name ANNA M. LAUDUN BEAUBOEUF

82 Street Address (P.O. Box Number is Not Acceptable)

20681 NE 4th PLACE # 103

83

84 City

NORTH MIAMI BEACH FL

85 Zip Code

33179

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BEAUBOEUF, ANNA M. LAUDUN
STREET ADDRESS 343-1 IVES DAIRY ROAD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. ☒ Change ☐ Addition
1.2 NAME ANNA M. LAUDUN BEAUBOEUF
1.3 STREET ADDRESS 20681 NE 4th PLACE # 103
1.4 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

2.1 TITLE Y. ☐ Change ☒ Addition
2.2 NAME SEYMOUR BEAUBOEUF
2.3 STREET ADDRESS 20681 NE 4th PLACE # 103
2.4 CITY-ST-ZIP N. M. Beach FL, 33179

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 life empowered.

SIGNATURE: *Anna M. Laudun Beauboeuf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 305-999-0209
Date Daytime Phone #

CR2E034 (11/98)