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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S43784** (5)

1. Corporation Name  
**THE ANTILLES SUPPLY COMPANY, INC.**



Principal Place of Business  
**172 SE 96 AVE.  
PLANTATION FL 33324  
US**

Mailing Address  
**172 SW 96 AVE.  
PLANTATION FL 33324-2359  
US**

3. Date Incorporated or Qualified  
**04/08/1991**

3a. Date of Last Report  
**06/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
**172 SW 96 Ave**

26 Suite, Apt. #, etc.

22 City & State  
**Plantation FL**

27 City & State

23 Zip  
**33324**

28 Zip

24 Country  
**USA**

29 Country

4. FEI Number  
**65-0257776**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAUREEN PATTON  
172 SW 96 AVE.  
SUITE 305  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
**Maureen Patton**

82 Street Address (P.O. Box Number is Not Acceptable)  
**172 SW 96 AVE**

83

84 City  
**Plantation**

85 Zip Code  
**33324**

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           | DP                       | <input type="checkbox"/> DELETE |
| NAME            | PATTON, GLADESTONE M SR  |                                 |
| STREET ADDRESS  | 172 SW 96                |                                 |
| CITY - ST - ZIP | PLANTATION FL            |                                 |
| TITLE           | DV                       | <input type="checkbox"/> DELETE |
| NAME            | PATTON, GLADESTON, M. JR |                                 |
| STREET ADDRESS  | 172 SW 96 AVE.           |                                 |
| CITY - ST - ZIP | PLANTATION FL            |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**Maureen Patton** Secretary

**2/28/97 (954) 476 2459**

CR2E034 (9/96)