02201999-90023-008-\$150.00-\$150.00

## 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

1. Corporation	MEN! # <b>S43784</b>	,								
	ITILLES SUPPLY COMPANY	. INC.								
""						1 14 <b>0</b> 01454 (3) 41444 (3) 14446 (4	)))	1811 S1811 S1811	11111 1411 1415	
i _										
Principal Plac	ce of Business		i (fillillit E (i) minam (;i(i) thâth) rh	ili Ala: 6:011 &	100 01111 4147	RCDII BIBLI 1401				
172 SE 96 AV		172 SW 96 AVE. PLANTATION FL 33324			ĺ					
172 SW 96 AV			i	DO NOT WRITE IN THIS SPACE						
PLANTATION FL 33324 US					ŀ	3. Date incorporated or Qualifed				7
1					1	04/08/1991				
Principal Place of Business     2a. Mailing Address				<del></del>		4. FEI Number		·Ar	plied For	]
21 26						65-0257776	<u> </u>		t Applicable	]
Sulte, Apt. #, etc. Suite, Apt. #, etc.					ľ	5. Certificate of Status Desired		\$8.75		}
	27					·		Fee Re	<del></del>	4
23 City & Sta	City & State City & State			6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		1	
Zip				intry	-	. 8. This corporation owes the curn	ent veer late			
24	[25] [29] [30						Yes	□No		
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New R	egistered /	Agent		]
	INCLUDETTAL			81 Name						
	Jreen Patton .SW 96 ave.		,	82 Street	Address	s (P.O. Box Number is Not Accepta	bie)			1
	.3W 90 AVE. TE 305					•••				4
	NTATION FL 33324			83						1
	141A11011 1 E 33024			84 City			<b>-</b> 1	85 Zip (	Code	1
44 5	No. 10	2 4 507 4500 Florido Florido				Non-refrests this at transact for the	FL	obonolno ibe	maleterad	4
office of r	to the provisions of Sections 607.0502 registered agent, or both, in the State	of Florida. Such change was a	uthorized	by the corp	corpora ioration's	s board of directors. I hereby accep	the appoin	iment as re	gistered	ľ
agent. I a	ım familiar with, and accept the obligat	tions of, Section 607.0505, Fig	rida Stat	ules.		•				
SIGNATURE	Signature, typed or printed name of registered agent	and title Y applicable. (NOTE	Registered	Agent signature r	required wit	nen rematatang)	DATE			٦
12.	OFFICERS AN		13,			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	DP	☐ DELETE	1.1 3	TLE	150	CRETARY		. Change	Addition	ΙE
NAME	PATTON, GLADESTONE M SR		12N	12 NAME		AUREEN PATTO	~		•	18
STREET ADDRESS	··· • ··· · · ·		135	TREET ADDRESS		125W96 Ave				
CITY-ST-ZIP	PLANTATION FL		_	TY-ST-ZIP	$\rho_1$	ANTATION PC	<u> </u>	<u> </u>	- Addition	1 🐰
TILE	DV ,	☐ DELETE	2.1 TJ					Change	☐ Addition	_
NAME	PATTON, GLADESTON, M. JR			22NAME						ļ
STREET ADDRESS	172 SW 96 AVE. PLANTATION FL			REET ADDRESS	1					<u> </u>
CITY-ST-ZIP		OFFICE C DELETE	2.4 C	ITY-ST- <i>zi</i> p Tle	-	- 4		Change	Addition	1
NAME	00-1000			WE		•				Ì
STREET ADDRESS	MAUREN PATT	<i>,</i>		REET ADDRESS						{
CITY-ST-ZIP	PLANTATION FL 33824			34. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 10				X-2	Change -	- Addition	]
NAME			4.2N	ME	l					
STREET ADDRESS	·		4.3 ST	REET ADDRESS						
CITY-ST-ZIP			_	TY-ST-ZIP	<u> </u>					1
TITLE		☐ DELETE	5.1 TI		}	,		☐ Change	Addition	}
NAME			5.2 N		1	•			•	
STREET ADDRESS				REET ADDRESS						1
CATY-ST-ZIP		☐ DELETE	5.4 CI	N-ST-ZIP	<del>                                     </del>	<del></del>		☐ Change	Addition	1
TITLE .			6.2 NA				•			1
NAME STREET ADDRESS				REET ADORESS					i	
1 ALLEY - VOICE 93	i e e e e e e e e e e e e e e e e e e e				5					4 .

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 suppliemental 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.

SIG	N	ΔΤΙ	IR	F٠

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SKINING OFFICER OR DIRECTOR

Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90023 008 \*\*\*150.00