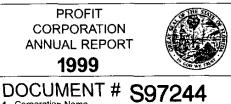
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90128 043 ***150.00

1. Corporation	IL SUPPLY, INC.	•									
Principal Place of Business Mailing Address								T CHROCOLU CON TRACE TRACE SIDIC O	INIT WINT NINTE N		01011 41011 1991
13831 US 19 N 13831 US 19 N											
CLEARWATER FL 33764 CLEARWATER FL 33764											
US US							DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualifed 12/02/1991	·		
2. Principal P	lace of Business	2a. Mailing Add	dress					FEI Number		7	Applied For
21		26						59-3099513			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.							\$8.75	Additional
22		27) 5. ·	Certificate of Status Desired		Fee F	Required
City & Stat	e	City & Stat	te				6.	Election Campaign Financing		\$5.00	0 May Be
23		28					<u>L.</u>	Trust Fund Contribution		Added	d to Fees
Zip	Country 25	Zip	G 30	ountry	/		J	This corporation owes the cur Personal Property Tax.	rent year Int	angible ∐Yes	□No
24	9. Name and Address of Curre			7				Name and Address of New	Registered		
	9. Name and Address of Curre	Tit Registered Agent		81	Na	me	10.				
SOBEK, KENNETH E. 7427 124TH ST. SEMINOLE FL 33542				82	2 Street Ad		ss (P	O. Box Number is Not Accep	table)		
				83					_ 		<u>-</u>
OE.III	THOLE I C GOO'LE			63							
				84	Cit	у			FL	85 Zip	p Code
agent. I a	to the provisions of sections of the control of the	gations of, Section 607	7.0505, Florida SI (NOTE: Registe	latutes	3.		when re	einstating) .	DATE		
12.	OFFICERS A	ND DIRECTORS	1	3.				ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	D		DELETE 1.1	TITLE						☐ Change	e Addition
NAME	Sobek, Kenneth E		1.2	NAME							-
STREET ADDRESS			1.3	STREE	TADDF	RESS					
CITY-ST-ZIP	SEMINOLE FL			CITY-S	T-ZIP	<u> </u>		·			
TITLE	ST	니	1	TITLE		İ				Change	e 🔲 Addition i
NAME	SOBEK, JUDI			NAME				•			
STREET ADDRESS	7427 124TH ST., NORTH		2.3	STREE	TADDF	RESS .					
CITY-ST-ZIP	SEMINOLE FL			4 CITY-5	ST-ZIP					☐ Change	e Addition
TITLE				TITLE		-				Criange	,
NAME				NAME							
STREET ADDRESS			■ I	STREE		RESS					
CITY-ST-ZIP				LCITY-S	ST-ZIP	 -		 		Change	e Addition
TITLE		L	•	TITLE		}				Containing	s [] Auditon
NAME				2 NAME							
STREET ADDRESS				STREE		RESS					
CITY-ST-ZIP				CITY-S	SI-ZIP					☐ Change	e Addition
TITLE		LJ		NAME		1		·			
NAME				STREE	T,ADD1	RESS					ł
STREET ADDRESS			B	CITY-S							(
CITY-ST-ZIP TITLE				TITLE						☐ Change	e Addition
NAME		<u></u> J	J	2 NAME						_ 0	_
STREET ADDRESS			6.3	STREE	T ADDF	RESS					ŀ

64 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.