

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V16062** (4)  
1. Corporation Name  
**JENSON SUPPLY, INC.**



Principal Place of Business Mailing Address  
**374 ANSIN BLVD**  
**HALLANDALE FL 33009**  
**US**

3. Date Incorporated or Qualified **02/21/1992** 3a. Date of Last Report **08/14/1995**  
4. FEI Number **65-0326138** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**BODNER, LAWRENCE**  
**374 ANSIN BLVD**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BODNER, LAWRENCE</b>                  | 1.2 NAME  | <b>Gary Bodner</b>   |
| STREET ADDRESS             | <b>374 ANSIN BLVD</b>                    | 1.3 STREET ADDRESS                                    | <b>3090 North 34 th Street</b>   |
| CITY-ST-ZIP                | <b>HALLANDALE FL</b>                     | 1.4 CITY-ST-ZIP                                       | <b>Hollywood, Florida 33021</b>  |
| TITLE                      | <input type="checkbox"/> DELETE          | 2.1 TITLE   | <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       |  | 2.2 NAME  | <b>Frederic Bodner</b>   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    | <b>3701 North 32nd Terrace</b>   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | <b>Hollywood, Florida 33021</b>  |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       |  | 3.2 NAME  | <b>Jacques Bodner</b>  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | <b>2000 Island Blvd. PH 6</b>  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | <b>Williams Island, Florida 33160</b>  |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lawrence Bodner* President 6/11/96 954-457-0643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)