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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

(4)

JENSON SUPPLY, INC.

Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



974 ANSIN BLVD HALLANDALE FL 33009				374 ANSIN BLVD HALLANDALE FL 33009					20105		
US				US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
								02/21/1992			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Ar	oplied For	
2901 Sterling Road				26 2901 Stirling Road				65-0326138		ot Applicable	
Suite, Apt.	#, etc.	-	+==+	Suite, Apt #, etc.	. 4.44	19	wau.			Additional	
22	uite # 2	208	27					5. Certificate of Status Desired	-	equired	
City & State				City & State				6. Election Campaign Financing		May Be	
	auderda]	28				_Fl.	Trust Fund Contribution	Added	to Fees		
Zip 3	. a a a a	Country USA		^{Ζ(p} 33312	<u> </u>	Country		8. This corporation owes or has paid the cui		'	
24 3		Address of Curr	29	The state of the s	30		S A	Personal Property Tax due June 30. 10. Name and Address of New Registered		_l No	
	DNER, LAWRE		our nogle	reien wheilt	10, Hallie allo Address of New Neglistered	Whani					
			81	Name							
374 ANSIN BLVD Hallandale Fl 33009							Street	t Address (P.O. Box Number is Not Acceptable)			
	PENINDARE IL	33005				83	·•				
						84	City		85 Zip	Code	
44 Disserted	to the provisions	of Coologs COZ O	.024 0	07 1500 Elected Otal	400 P	0.050		FL	Sohonnine "	to sociates of	
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 prin	ted name of registered a	agent and the	if applicable (NO	TE Rogis	stered Age	nt signature	proquired when reinstating) DATE			
12.		OFFICERS A	ND DIREC			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	Ð			☐ DELETE	1	.1 TITLE			Change	☐ Addition	
NAME	BODNER, L				1	.2 NAME					
STREET ADDRESS	374 ANSIN				1	.3 STREET	ADDRESS	5420 North 37 th. Stree	∍t		
CITY-ST-ZIP	HALLANDAL	E FL				.4 CITY - S	T-ZIP	Hollywood Fl 33021			
TITLE	VT			L_J DELETE	2	A TITLE			Change	☐ Addition	
NAME	BODNER, G.		_		2	2 NAME					
STREET ADDRESS		H 34TH STREE	r		2	3 STREET	ADDRESS				
CITY+ST-ZIP	HOLLYWOO	D FL				. 4 CITY-8	ST-ZIP		·		
TITLE	8	22220		☐ DELETE		1 TITLE			☐ Change	☐ Addition	
NAME	BODNER, FI		^-			2 NAME					
STREET ADDRESS		H 32ND TERRA	UE		1	3 STREET				Ì	
CITY-ST-ZIP	HOLLYWOO	יט דג		☐ DELETE		4. CITY - 9	ST-ZIP		[] Channe	Addition	
TITLE				☐ DETEIE		1 TITLE			☐ Change	☐ Addition	
NAME						. 2 NAME					
STREET ADDRESS						.3 STREET					
CITY-ST-ZIP TITLE				DELETE		.4 CITY-S .1 TITLE	ı - ZIP		Change	Addition	
				becere					- Onlange		
STREET ADDRESS						.2 NAME .3 STREET	ADDECC				
CITY-ST-ZIP TITLE	 -			DELETE		.4 CITY - S .1 TITLE	I-ZIF		Change	Addition	
NAME						.2 NAME			الله المالية		
STREET ADDRESS						.3 STREET	AUUSEGG				
CITY-ST-ZIP											
UIIT-SI-AP			11 4	9 1 200	<u>∎ 6</u>	4 CITY-S	1-212	11 0 11 110 07/01/01 51 11 01			

Thereby 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 13 if changed, or plan attachment with an address.