

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  
Jul 27, 1999 8:00 am  
Secretary of State

07-27-1999 90023 009 \*\*\*150.00

DOCUMENT # V23700

1. Corporation Name

DEPENDABLE COMPONENT SUPPLY CORP.

Principal Place of Business

Mailing Address

3600 PARK CENTRAL BLVD N  
SUITE 3620  
POMPANO BEACH FL 33064

3600 PARK CENTRAL BLVD N  
SUITE 3620  
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1992

4. FEI Number

65-0336334

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1003 E. NEWPORT CENTER DR

26 1003 E. NEWPORT CENTER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DEERFIELD BEACH, FL

27 DEERFIELD BEACH, FL

City & State

City & State

23 33442

28 33442

Zip Country

Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RYAN, SHAWN  
3620 PARK CENTRAL BLVD., NO.  
POMPANO BCH. FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1003 E. NEWPORT CENTER DR.

83

DEERFIELD BEACH, FL 33442

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME RYAN, SHAWN P  
STREET ADDRESS 3600 PARK CENTRAL BLVD N  
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME RYAN, SUSAN A  
STREET ADDRESS 3600 PARK CENTRAL BLVD N  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE REQUIRED

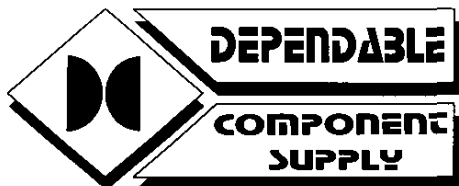
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

015951



596472-90023-9  
V23700

Corporate Headquarters

1003 East Newport Center Drive • Deerfield Beach, Florida 33442

Phone 954/283-5800 • Fax 954/283-5801 • Toll Free 800/336-7100

July 13, 1999

Annual Reports Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Dear Sir,

Enclosed please find our 1999 Annual Report renewal. Please be advised that we received the first notification today. Had we received it earlier, our renewal would have been made on a timely basis.

We kindly ask for a waiver of the \$400 late fee. Our check for \$150 is enclosed. If you need any additional information please don't hesitate to contact me.

Thank you for your assistance on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Howard Kosoy', is written over a circular stamp or seal.

Howard Kosoy  
Chief Financial Officer

*West Coast Office*

1717 W. Magnolia Blvd., Suite 100  
Burbank, CA 91506  
Phone 818/558-7100  
Toll Free 800/654-8900  
Fax 818/558-7108

*New England Office*

34 Church Street, Suite 10  
Kingston, NH 03848  
Phone 603/642-9000  
Toll-Free 800/997-6280  
Fax 603/642-9016

*Brazil Office*

Rua Belo Horizonte, 1075-Adrianopolis  
69057-060 Manaus - Am - Brasil  
Phone 092/236-7660  
Fax 092/236-7660