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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 24 1998 8:00am Secretary of State

1. Corporation	MENI	# V618	321	(7)							
ORLY SUPPLIES INCORPORATED											
UNLT	SUPPLIE	:5 INCURPURA	ובט					i izali angla dijal (izal izila izila izi	A) (18) A(A)) A(A)	# BJE# 818# 8	MAJ BIEN JAN
Principal Plac	Mailir	ng Address				1 10011 011010 01101 11001 10110 111	01 1181 01011 010				
2968 NW 7	2 AVE		28	2868 NW 72 AVE .							
MIAMI FL 33122				MIAMI FL 33122							
US			US	US				DO NOT WRITE IN THIS SPACE			
							3.	Date Incorporated or Qualified			
2. Principal P	Place of Busi	nace	20 M	2a. Mailing Address				09/03/1992 FEI Number	- A 201	7 1 1	optied For
21	iace of cusi	1000	<u> </u>	26				NOT APPLICABLE	0071		ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					$\neg \neg$		Additional
22			27	27				. Certificate of Status Desired	۵		equired
City & Stat	е	· · · · · · · · · · · · · · · · · · ·		City & State				6. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution Added to Fees			
Zip	D Country			Zip (		Country		8. This corporation owes or has paid the current year Intangible			
24	25		29			<u>ol</u>		Personal Property Tax due Jui			] No
		and Address of Cu		ed Agent	a	4   61	10.	Name and Address of New I	legistered /	lgent	
		PEZ, C. JEANNET	TE		ľ	1 Name					
181 <b>42 NW</b> 19 ST.					8	2 Street	Address (F	O. Box Number is Not Accept	able)		
P	EMBROKE	PINES FL 33029									
					8	٦					
						4 City			FL	85 Zip (	Code
11 Pursuant	to the provis	ions of Sections 607	0502 and 607	1508 Florida Statu	ites the abo	ve-named	corporatio	on submits this statement for the		changing it	ts registered
office or r	egistered ac	jent, or both, in the S	tate of Florida.	Such change was	authorized	by the cor	poration's I	on submits this statement for the board of directors. I hereby acc	ept the appo	pintment as	registered
	m raminar w	Mila da acceptate p		ection 607.0509, F	iorida Siaiui	es.				2 lulas	·
SIGNATURE	Signature, type o			plicable (NO	TE: Registered A	gent signature	required where	n reinstating)	DATE		D
12.		OFFICERS	AND DIRECTO	ORS /	13.			ADDITIONS/CHANGES TO OFF			RS IN 12
TITLE	PC	•		DELETÉ	1.1 TITLE		PC			Change	Addition
NAME		la-lopez, C. Jea		1.2 NAM	1.2 NAME		C-3ر Pez	<i>Seanne</i>	He		
STREET ADDRESS		NW 19 ST.		1.				6 NW 183 ter		_	_
C!TY-ST-ZIP		ROKE PINES FL 3	3029			1.4 DITY-ST-ZIP		nbroke Pines	, EC	<u> 3309</u>	
TITLE	٧			☐ DELETE	2.1 3171.8		V		•	Ohange	Addition
NAME		Z, ERICH L				2.2 NAME LO		Z, Erich L			
STREET ADDRESS		NW 19 ST.				2.3 STREET ADDRESS \		NW 183 terr	٠		
CITY-ST-ZIP	PEMB	ROKE PINES FL 3	3029	T pricer		2.4 CITY-ST-ZIP		proke Pines	FC 3	300	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE				☐ DELETE	3.1 TITLE			•		Unange	☐ Addition
NAME					3.2 NAME	3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS							ĺ				
CITY-ST-ZIP TITLE				☐ DELETE	3.4. CITY 4.1 FITLE					Change	Addition
NAME					4. 2 NAM				,	ondrigo	
						ET ADDRESS					
STREET ADDRESS	:				4.4 CITY-						
CITY-ST-ZIP TITLE				DELETÉ	5.1 TITLE					Change	Addition
NAME					5.2 NAMI				,		-
STREET ADDRESS					5.3 STREET ADDRESS						ļ
CITY-ST-ZIP					5.4 CITY-						
TITLE	DELETE					61 TITLE				Change	Addition
NAME					6.2 NAM						
STREET ADDRESS					•	ET ADDRESS					
CITY-ST-ZIP						6.4 CITY-ST-ZIP					
	ortify that th	e information supplie	d with this filing	does not applify			nd in Section	on 119.07(3)(i). Florida Statutes.	I further cer	tify that the	information

indicated on this annual report for 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 corpblation or the receiver or trustee empowered to execute this teport as [quirer by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an eddess.