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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F44259** (2)
1. Corporation Name
CARL POLGAR WHOLESALERS, INC.



Principal Place of Business

% CARL POLGAR
6414 W PARIS STREET PO BOX 260402
TAMPA FL 33685

Mailing Address

% CARL POLGAR
6414 W PARIS STREET PO BOX 260402
TAMPA FL 33685

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POLGAR, CARL
6414 W PARIS STREET
TAMPA FL 33614

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 of Current Registered Agent or Director

Signature of Secretary or Treasurer

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	D POLGAR, MARIA E	6414 W PARIS STREET TAMPA FL	
	DP POLGAR, CARL	6414 W PARIS STREET TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	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 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on any statement with an address.

SIGNATURE:

Signature of Carl Polgar
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

813-240-8477

CR2E034 (12/95)