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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

1. Corporation	N WHOLESALE CORP.	(3)			
Principal Plac	o of Business	Mailing Address			
		7110 N E 4TH CT			
7110 N E 4TH CT P.O.BOX 38-1983		P.O.BOX 38-1983			
MIAMI FL 33138		MIAMI FL 33138		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 04/17/1957	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-0815182	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State	e	28 City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	0	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	ed Agent
WALTON, EDWARD E, JR			Name E	dward E. Walton III	
4101 GATE LANE BAY POINT MIAMI FL 33137			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
NATION AND ADDRESS OF THE PARTY.	UNI 1 L 00107		83	0,00	
			84 City (Ac.		. 85 319 Codo
			84 City mi	amı F	L 55145
office or r agent. I a SIGNATURE	ogistered opent, or both, in the State m familiar with, and accept the obligation of	BAOVIII	horized by the corporat da Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELLITE	1.1 TITLE		Change Addition
NAME	WALTON, PATRICIA		1,2 NAME		
STREET ADDRESS	4101 GATE LN BAY POINT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 City - St - ZiP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	WALTON, EDWARD E, III		2.2 NAME		
STREET ADDRESS	5041 SW 87TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	Dr. cre	2. 4 CITY - S1 - ZIP		Change Addition
TITLE		☐ DELETE	3.1 TALLE		Change L Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. C(1Y-\$1-ZIP		Change Addition
TITLE		בַין ויגננונ	4.1 TITLE 4. 2 NAME		
NAME OTOGET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-S1-ZIP TITLE		DELETE	5.1 TillE		Change Addition
NAME			5.2 NAME		. —
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TILE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

14. 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 undor oath; that I am an officer or director of the corporation of 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 changes, Juyin an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

FILED

Jan 20 1998 8:00am

Secretary of State