

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **359292** (0)

1. Corporation Name
COLONIALWARE WHOLESALE, INC.



Principal Place of Business: **4190 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804**
Mailing Address: **4190 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/06/1970	03/09/1995
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Zip	59-1314208	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HINTZEN, THOMAS G. 4190 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804		81	Name
		82	Street Address (P.O. Box Numbers Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

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 Thomas G. Hintzen)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTZEN, THOMAS G.	12 NAME	
STREET ADDRESS	3827 IRONWEDGE DR	13 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	14 CITY- ST- ZIP	
TITLE	VS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTZEN, CANDICE J.	22 NAME	
STREET ADDRESS	3827 IRONWEDGE DR	23 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	24 CITY- ST- ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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)(b), Florida Statutes. I further certify that the information related on this annual report or supplementary 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas G. Hintzen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS G. HINTZEN
6-7-96 407-295-4692

CR2E034 (3/96)