FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **840104** **(4)**

1. Corporation Name
WHOLESALE MOTORS, INC.

FILED
95 FEB -7 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
601 NORTH ATLANTIC AVE., #610
NEW SMYRNA BEACH FL 32169
wrong

Mailing Address
001 NORTH ATLANTIC AVE., #610
NEW SMYRNA BEACH FL 32169
wrong

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1978	3a. Date of Last Report: 08/08/1994
4. FEI Number: 59-1800367	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business
21 8449 River Branch Pl.
Suite, Apt. #, etc.
City & State
23 Sanford Fl 32771
Zip 24
Country 25 Sem

2a. Mailing Address
26 8449 River Branch Pl.
Suite, Apt. #, etc.
Sanford Fl. 32771
City & State
28 Sanford
Zip 29
Country 30 Sem

9. Name and Address of Current Registered Agent
BAGHDADI, JEAN
601 NORTH ATLANTIC AVE., #610
NEW SMYRNA BEACH FL 32169
wrong

10. Name and Address of New Registered Agent
81 Name: Jean Baghdadi
82 Street Address (P.O. Box Number is Not Acceptable): 8449 River Branch Pl.
83
84 City: Sanford FL 85 Zip Code: 32771

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAGHDADI, JEAN 170 CHARLES STREET LONGWOOD FL 32169	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition Jean Baghdadi 8449 River Branch Place Sanford FL 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	wrong	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: Jean Baghdadi Jan 31 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
407-321-8286
Area Code & Daytime Phone #

0012002 CP