

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1995-1-13-17

DEERFIELD BEACH, FLORIDA

DOCUMENT # **F93000003054 (4)**

1. Corporation Name

**PDO WHOLESALE, INC.**

Principal Place of Business

1801 N.W. 64TH STREET, SUITE 311  
FT. LAUDERDALE FL 33309

Mailing Address

1801 N.W. 64TH STREET, SUITE 311  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Florida

07/01/1993

3a. Date of Last Report

08/26/1994

4. FFI Number

38-3110975

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 authority for interstate tax under S. 197.112  
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21 1320 S.W. 32ND WAY

2a. Mailing Address

26 31778 ENTERPRISE DR.

22 City & State

23 DEERFIELD BEACH, FL

27 City & State

28 LIVONIA, MI

24 33442

25 U.S.A.

29 48150

30 U.S.A.

9. Name and Address of Current Registered Agent

KNIGHT, RANDY  
1320 S.W. 32ND WAY  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name  
RANDOLPH J. FRIEDMAN

82 Street Address (P.O. Box Number is Not Acceptable)  
1320 S.W. 32ND WAY

83

84 City  
DEERFIELD BEACH

FL

85 Zip Code  
33442

11. Pursuant to the provisions of Sections 190.01(2)(b) and 190.11(2)(b), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, as shown 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 a resident of the State of Florida.

SIGNATURE

*[Signature]*

Randolph Friedman

5/1/95

12. OFFICERS AND DIRECTORS

|     |                                                                          |
|-----|--------------------------------------------------------------------------|
| 12a | PD<br>FRIEDMAN, RANDOLPH J<br>31778 ENTERPRISE DRIVE<br>LIVONIA MI 48150 |
| 12b | ST<br>DEMYAN, LESLIE<br>31778 ENTERPRISE DRIVE<br>LIVONIA MI 48150       |
| 12c | V<br>LEVINE, JAY<br>31778 ENTERPRISE DRIVE<br>LIVONIA MI 48150           |
| 12d | D<br>RUCKER, WILLIAM<br>HIGHWAY 7 NORTH<br>OXFORD MS 38655               |
| 12e | D<br>RUCKER, WILLIAM<br>HIGHWAY 7 NORTH<br>OXFORD MI 38655               |
| 12f |                                                                          |
| 12g |                                                                          |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

|     |  |                                                                              |
|-----|--|------------------------------------------------------------------------------|
| 13a |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13b |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13c |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13d |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13e |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13f |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13g |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13h |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

DUPLICATION

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Sections 190.01(2)(b), Florida Statutes. I further certify that the information submitted 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 person or persons empowered to make this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of officers or directors with an address.

SIGNATURE:

*[Signature]* Leslie Deming

5/1/95

313 425-8570 064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22