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Mar 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K50837

(9)

1. Corporation Name

THE RESALE DEPARTMENT, INC.

Principal Place of Business

10344 66 STREET NORTH  
PINELLAS PARK FL 34666

Mailing Address

10344 66 STREET NORTH  
PINELLAS PARK FL 33782-2305



2. Principal Place of Business

21 2957 Vineland Rd  
Suite, Apt. #, etc. Kissimmee FL 34746

22 City & State

23 Zip 34746

Country

25 Osceola

2a. Mailing Address

26 2957 Vineland Rd  
Suite, Apt. #, etc. Kissimmee FL 34746

27 City & State

28 Zip 34746

Country

30 Osceola

3. Date Incorporated or Qualified  
12/13/1988

3a. Date of Last Report  
02/13/1996

4. FEI Number  
59-2929502

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

9. Name and Address of Current Registered Agent

WALSH, JACK  
10344 66 STREET NORTH  
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name Jack Walsh, Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
5680 - 66 ST N  
83  
84 City St Petersburg FL 85 Zip Code 33709

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 *Jack Walsh, Jr.*

(NOTE: Registered Agent signature required when reinstating)

2/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P BAIMAN, GAIL ☒ DELETE  
NAME  
STREET ADDRESS 10344 66 ST N  
CITY-ST-ZIP PINELLAS PARK FL 34666

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Michael Klimak ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2957 Vineland Rd  
1.4 CITY-ST-ZIP Kissimmee, FL 34746

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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 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: *Michael Klimak, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97 407-396-1173

Date Daytime Phone #

CR2E034 (9/96)