File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 MAY 15 PM 1:31 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address of Limited Liability Company **DOCUMENT** # 19600001226 1a. Principal Place of Business Address VIRTUAL WHOLESALE CLUB, L.C. 20 EAST MELBOURNE AVENUE 20 EAST MELBOURNE AVENUE MELBOURNE FL 32901 MELBOURNE FL 32901 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 11/21/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 59-3432938 6. Certificate of Status Desired 5. Date of Last Report Country \$8.75 Additional Fee Required 05/16/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent CHANDRA, RAJIV Street Address (P.O. Box Number is Not Acceptable) 20 EAST MELBOURNE AVENUE 900002\$28529---05/19/98--01024--026 MELBOURNE FL 32901 Suite, Apt. #, etc. ****188.75 ****188.75 City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code Managing Members/Managers **Business Street Address** 10. Title CHANDRA, RAJIV 20 EAST MELBOURNE AVENUE MELBOURNE FL MGRM MELBOURNE FL MGRM WIDDOES, HOLLY E 20 EAST MELBOURNE AVENUE

11. 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. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall bays the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

Date

Davime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

attachment with an address.
SIGNATURE: