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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1996 8:00 am
Secretary of State

DOCUMENT # M35742

1. Corporation Name
A. WHOLE LOT, INC.
C/o DONALD SCHULTZ

Principal Place of Business
1335 N.E. 12th Avenue
Fort Lauderdale, Florida 33304

Mailing Address

3. Date Incorporated or Qualified: 7/24/86
3a. Date of Last Report: 1995
4. FEI Number: 65-0228742 ☐ 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 1335 N.E. 12 Avenue
Suite, Apt. #, etc
22
City & State
23 Fort Lauderdale, Fla
Zip
24 33304
Country
25 BROWARD

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
JOHNNIE SHAW
1335 N.E. 12 Avenue
FORT Lauderdale, Florida 33304

10. Name and Address of New Registered Agent
81 Name DONALD SCHULTZ
82 Street Address (P.O. Box Number is Not Acceptable) 1335 N.E. 12 Avenue
83
84 City Fort Lauderdale FL 85 Zip Code 33304

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 (X) Donald Schultz PRES. 7/30/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, DONALD	1.2 NAME	
STREET ADDRESS	1335 N.E. 12 Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33304	1.4 CITY-ST-ZIP	
TITLE	S/T/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, JOHNNIE	2.2 NAME	
STREET ADDRESS	1335 N.E. 12 Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33304	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	700001918957 -08/12/96--01032--019 ***225.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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: (X) Donald Schultz 7/30/96 305-524-8482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #