

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 11 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041606 (3)**

1. Corporation Name  
**WHOLESALE NETWORK, INC.**

2. Principal Office Address  
**3975 INVESTMENT LN  
RIVIERA BCH FL 33404  
US**

Main Office Address  
**3975 INVESTMENT LANE  
RIVIERA BEACH FL 33404  
US**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Succession) **06/11/1993** 3a. Date of Last Report **04/15/1994**

4. FEI Number **59-3186785** 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 opted for alternative tax under § 197.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**ZIMMER, ROCHELLE  
3975 INVESTMENT LANE  
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. The corporation is subject to Sections 607.011 and 607.1506, Florida Statutes. The above named corporation submits the statement for the purpose of changing its registered office to the address set forth 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 not subject to the provisions of Section 607.011, Florida Statutes.

12. OFFICERS AND DIRECTORS

1. NAME **P  
ZIMMER, ROCHELLE**  
2. OFFICE ADDRESS **3975 INVESTMENT LANE  
RIVIERA BEACH FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME  Change  Addition  
2. OFFICE ADDRESS  Change  Addition  
3. NAME  Change  Addition  
4. OFFICE ADDRESS  Change  Addition  
5. NAME  Change  Addition  
6. OFFICE ADDRESS  Change  Addition  
7. NAME  Change  Addition  
8. OFFICE ADDRESS  Change  Addition  
9. NAME  Change  Addition  
10. OFFICE ADDRESS  Change  Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.011 and 607.1506, Florida Statutes. Further, I certify that the information is correct and that the corporation shall bear the same responsibility as if it were made under oath. I am not subject to the provisions of the section on burden of proof in this regard. I hereby certify that the copy of this report is complete and that the names appear in Block 1 are stamped or clearly attached with an address.

SIGNATURE: *Rochelle Zimmer* **ROCHELLE ZIMMER** 4/28/95 407-844-8898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR