

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 30 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P93000041606 (3)**

1. Corporation Name

**WHOLESALE NETWORK, INC.**

Principal Place of Business

**3975 INVESTMENT LN  
RIVIERA BCH FL 33404  
US**

Mailing Address

**3975 INVESTMENT LANE  
RIVIERA BEACH FL 33404  
US**



2. Principal Place of Business

2a. Mailing Address

**21 901 NORTHPOINT PKY.**

**26 901 NORTHPOINT PKY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 # 304**

**27 # 304**

City & State

City & State

**23 WEST PALM BEACH, FL.**

**28 WEST PALM BEACH, FL.**

Zip

Country

Zip

Country

**24 33407**

**25 USA**

**29 33407**

**30 USA**

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**06/11/1993**

3a. Date of Last Report

**05/11/1995**

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 liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

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. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **ZIMMER, ROCHELLE**  
STREET ADDRESS **3975 INVESTMENT LANE**  
CITY-ST-ZIP **RIVIERA BEACH FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96 407-478-9808**

Date

Daytime Phone

CR2E034 (12/95)