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

DOCUMENT # **P93000053894 (0)**

1. Corporation Name

A & J WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
109 N.E. SAGAMOIRE TERRACE PORT ST. LUCIE FL 34983	109 N.E. SAGAMOIRE TERRACE PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified	3a. Date of Last Report
07/28/1993	08/10/1995

2. Principal Place of Business	2a. Mailing Address
21 545 Michigan Avenue	26 545 Michigan Avenue
Suite, Apt. #, etc 22 Suite 2	Suite, Apt. #, etc 27 Suite 2
City & State 23 Miami Beach, Florida	City & State 28 Miami Beach, Florida
Zip 24 33139	Zip 29 33139
Country 25 U.S.A.	Country 30 U.S.A.

4. FEI Number: 65-0424044 ☐ 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

ALLIGOOD, GENE R
109 N.E. SAGAMORE TERRACE
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name: Alligood, Gene R.
82 Street Address (P.O. Box Number is Not Acceptable): 545 Michigan Avenue
83 Suite 2
84 City: Miami Beach, **FL** 85 Zip Code: 33139

11. Pursuant to the provisions of Sections 607.0502 and 607.0505 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] 3/29/96
Signature, typed or printed name of registered agent and title if applicable — DATE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ALLIGOOD, GENE R JR		1.2 NAME	Alligood, Gene R Jr.	
STREET ADDRESS	109 NE SAGAMORE TERRACE		1.3 STREET ADDRESS	545 Michigan Ave., Suite 2	
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: [signature] GENE R. Alligood, Jr. 3/29/96 (305) 672-3987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #