FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 29, 1999 8:00 am Secretary of State **Katherine Harris** 04-29-1999 90270 004 ***158.75

DOCUMENT # P93000078782					
, corporation	, realing				
WHOLES	SALE SILKSCREEN, INC.			}	
	,				
Principal Place	of Rusiness	Mailing Address		יינו שנוסו ומנסיו הונסיו הספס מינסס ונוסס ונוסס ונוסס ונוסס ונולו ססיסו סיה וססווסטו ו	8) 188)
6131 ANDERSO		6131 ANDERSON RD			
STE I	,	STE I			
TAMPA FL 3363	34	TAMPA FL 33634		DO NOT WRITE IN THIS SPACE	
us		US		3. Date Incorporated or Qualifed	(
L		<u></u>		11/15/1993	i
· ·	ace of Business	2a. Mailing Address		4. FEI Number Applied F	
21	a	26		59-3216035 Not Appl	$\overline{}$
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition	
City & State		City & State			
23	,	28		6. Election Campaign Financing S5.00 May E Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	<u>}</u>	30	Personal Property Tax.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	81 Name		
GARCIA, MICHAEL A			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
6131 ANDERSON RD.			02 04001740	acces (i.e. box rumos is recrease)	
SUIT			83		
IAM	PA FL 33634		84 City	85 Zip Code	
·				FLIT	
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		Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
12.	OFFICERS AND	DELETE	1,1 TITLE		Addition
NAME	SCHOPMEYER, GREGORY H	C 542276	1.2 NAME		
STREET ADDRESS	5102 FAIR OAKS AVE. #9		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP		
TITLE	SDT	☐ DELETE	2.1 TITLE	☐ Change ☐ /	Addition
NAME	GARCIA, MICHAEL A		2.2 NAME		ļ
STREET ADDRESS	13811 MILL COVE CIRCLE		2.3 STREET ADDRESS		- {
CITY-ST-ZIP	TAMPA FL 33624	~ · ·	2.4 CITY-ST-ZIP		. {
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ /	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Į
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELĒTE	4.1 TITLE	☐ Change ☐ /	Addition
NAME			4.2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP		4 4 200
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ /	Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ /	Addition
TITLE		L' DELETE	6.2 NAME		,adition
NAME	•	,	6.3 STREET ADDRESS		{
STREET ADDRESS	•		6.4 CITY-ST-ZIP	•	{
CITY-ST-ZIP			0.7 OIT 1: 01-2it	C. S. 440 07/20/3 Plants County at 16 miles and the the information	

I hereby certify that the information supplied with this filing 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 of trustoe ampowered 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 appear of the corporation of the corporation or the receiver of the corporation or the receiver of the receiver of the same legal effect as if made under oath; that I am an officer of the corporation or the receiver of th

SIGNATURE: