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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017870

1. Corporation Name

SACK'S WHOLESALE, INC.

Principal Place of Business Mailing Address						10001001 (10 1611 0104 0611 0011 6414 004F		8611 8811 1881
731 S. DILLARD ST. 6013 EDGEWATER DR								
WINTER GARDEN FL 34787 ORLANDO FL 32810						DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualified		
						03/07/1994		1
2 Principal P	lace of Business	2a. Mailing Addres	ss			4. FEI Number	App	plied For
21		26				59-3228646	No	t Applicable
			Suite, Apt. #, etc.				\$8.75 A	
22	·	27				5. Fee Required		
City & State	е	City & State				6. Election Campaign Financing	\$5.00	
23		Zip Country				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		Jountry		This corporation owes the current year In Personal Property Tax.		□No
24	9. Name and Address of Current	29	30	1		10. Name and Address of New Registered		
				81	Name	10.		_
SOOST, CHARLES A. E. (SAME AS BELOW)						(D.O. D., M. L. L. S.	_	
731 S. DILLARD ST.				82	Street Ad	idress (P.O. Box Number is Not Acceptable)		
WITNER GARDEN FL 34787				83			_	
							85 Zip C	`ada
				84	City	FL	_ 85 Zip C	.00 0
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						uired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS AND			13.	nt signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OPST OF FIGURE ARE	☐ DEL		.1 TITLE	-	ABBITIONS CHARGES TO STATE ENGAGE	Change	Addition
NAME	SOOST, CHARLES E	_			ļ			
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	A CONTRACTOR OF A STATE OF A STATE OF A STATE OF		4 CITY-S					
TITLE			.1 TITLE			☐ Change	Addition	
NAME			2	.2 NAME		~		
STREET ADDRESS			2	.3 STREE	TADDRESS			-)
CITY-ST-ZIP			. 2	. 4 CITY- 8	ST-ZIP			
TITLE		DEI	ETE 3	.1 TITLE			Change	☐ Addition
NAME			3	2 NAME				
STREET ADDRESS			3	.3 STREE	T ADDRESS			
CITY-ST-ZIP				.4. CITY- S	ST-ZIP			□ 4 d d t t = -
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TITLE		€ DEI		i.1 TITLE			i ourde	
NAME					TADDRESS			ļ
STREET ADDRESS	I							1

14. 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 poeiver 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, with all effect fixe empowered.

5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REGURE

DELETE

4/26/99

Change

≣# **≣**#

Addition