

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

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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000042947 (9)

1. Corporation Name
EMJAY WHOLESALE, INC.

Principal Place of Business
9508 NORTH TRASK ST.
TAMPA FL 33624

Mailing Address
9508 NORTH TRASK ST.
TAMPA FL 33624-5137



3. Date Incorporated or Qualified 06/08/1994
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address
21 26 444 BILTMORE AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State
23 28 TEMPLE TERRACE FL

24 25 29 30
Zip Country Zip Country
33617

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

FRISCIA, FRANCIS E ESQ.
4830 WEST KENNEDY
SUITE 340
TAMPA FL 33609

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 type of principal name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, MICHAEL W	1.2 NAME	
STREET ADDRESS	9508 NORTH TRASK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SCHINE, JEROME A	2.2 NAME	
STREET ADDRESS	444 BILTMORE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: JEROME A. SCHINE
Signature and Typed or Printed Name of Signing Officer or Director
March 12, 1997 (813) 988-1651
Date Daytime Phone #

CR2E034 (9/96)