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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062171 (1)

1. Corporation Name

COUNT WHOLESALERS, INC.



Principal Place of Business

Mailing Address

4302 E. 10TH AVE
302
TAMPA FL 33605
US

4302 E. 10TH AVE
302
TAMPA FL 33605
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONROE, JOE T
17911 SIMMS RD
ODESSA FL 33556

81 Name

Margaret Handlin

82 Street Address (P.O. Box Number is Not Acceptable)

11509 Belmack Blvd. S.

83

84 City

Odessa FL

FL

85 Zip Code
33556

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

Margaret Handlin

(Type or print name of registered agent and firm if applicable)

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MONROE, JOE T
STREET ADDRESS 17911 SIMMS RD
CITY-STATE-ZIP ODESSA FL 33556

1.1 TITLE DP
1.2 NAME STEPHEN K. BARBER
1.3 STREET ADDRESS 3604 WILLIAMS RD
1.4 CITY-STATE-ZIP SEFNER FL 33484

TITLE DV
NAME MOLINA, ADELFA
STREET ADDRESS 806 MISSIONWOOD DR
CITY-STATE-ZIP SEFFNER FL 33584

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE DV
NAME SINGLETON, CEDRIC H
STREET ADDRESS 7608 SANIBEL CIR S
CITY-STATE-ZIP TEMPLE TERRACE FL 33617

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE D
NAME HERNANDEZ, ADRIAN
STREET ADDRESS 606 MISSIONWOOD DRIVE
CITY-STATE-ZIP SEFFNER FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE D
NAME HANDLIN, WILLIAM
STREET ADDRESS 11509 BEL MACK BLVD
CITY-STATE-ZIP ODESSA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE TS
NAME HANDLIN, MARGARET
STREET ADDRESS 11509 BELMACK BLVD. S.
CITY-STATE-ZIP ODESSA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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)(k), 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: *Margaret Handlin* SECRETARY/TRES 4/27/96 813-221-3682

(Type or print name of signing officer or director)

Daytime Phone #

CR2E034 (12/95)