

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000066538 (7)**

1. Corporation Name
WHOLESALE ACQUISITIONS, INC.

Principal Place of Business 3407 W COLONIAL DR ORLANDO FL 32808	Mailing Address 3407 W COLONIAL DR ORLANDO FL 32808-8026
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2. Principal Place of Business 21 5200 S. Washington Ave		2a. Mailing Address 26 5200 S. Washington Ave		3. Date Incorporated or Qualified 09/09/1994	3a. Date of Last Report 04/23/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-5274577	Applied For Not Applicable
22 City & State Titusville, FL		27 City & State Titusville, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 32780		28 Zip 32780		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAX CO % MAHONEY ADAMS & CRISER PA 50 N LAURA ST 3400 BARNETT CENTER JACKSONVILLE FL		10. Name and Address of New Registered Agent 81 Name James Neal Hutchinson, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 5200 S. Washington Ave. 83 84 City Titusville FL 85 Zip Code 32780	
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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 *James Neal Hutchinson, Jr.* DATE **4/29/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, R.C. III	1.2 NAME	
STREET ADDRESS	3407 W COLONIAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIHTELIC, LEONARD	2.2 NAME	Vihtelic, Leonard
STREET ADDRESS	3407 W COLONIAL DR	2.3 STREET ADDRESS	5200 S. Washington Ave.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Smith, Gary R.
STREET ADDRESS		3.3 STREET ADDRESS	5200 S. Washington Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Hutchinson, Jr., James Neal
STREET ADDRESS		4.3 STREET ADDRESS	5200 S. Washington Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200002178772
STREET ADDRESS		5.3 STREET ADDRESS	-05/14/97--01104--013
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
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: *James Neal Hutchinson, Jr.* DATE **4/29/97** 407-269-9680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)