

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000084374 (5)

1. Corporation Name

WHOLENET SOLUTIONS, CORP.



Principal Place of Business

Mailing Address

3165 NE 48TH CT  
BLDG 6-B SUITE 209  
LIGHTHOUSE POINT FL 33064

3165 NE 48TH CT  
BLDG 6-B SUITE 209  
LIGHTHOUSE POINT FL 33064

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 1700 N. DIXIE HWY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 127

27

City & State

City & State

23 BOCA RATON, FL

28

Zip

Zip

Country

24 33432

25 PALM BEACH

29

Country

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fees 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

EASTHAM, JOHN K., JR. ESQ.  
138 WEST PALMETTO PARK ROAD  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

WILLIAM KELEMEN

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

3165 N.E. 48th Ct., Bldg 6-B #209

83

84 City

LIGHTHOUSE POINT

FL

85 Zip Code

33064

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/12/96

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST ☐ DELETE  
NAME KELEMEN, WILLIAM  
STREET ADDRESS 3165 NE 48TH CT BLDG 6-B SUITE 209  
CITY - ST - ZIP LIGHTHOUSE POINT FL 33064

TITLE DV ☐ DELETE  
NAME KELEMEN, BLANCA  
STREET ADDRESS 3165 NE 48TH CT BLDG 6-B SUITE 209  
CITY - ST - ZIP LIGHTHOUSE POINT FL 33064

TITLE DV ☐ DELETE  
NAME SUZANNE DOYLE-BRACEWELL  
STREET ADDRESS 2334 WILSON ST.  
CITY - ST - ZIP HOLLYWOOD, FL 33020

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE DST ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE DV ☐ Change ☒ Addition  
3.2 NAME SUZANNE DOYLE-BRACEWELL  
3.3 STREET ADDRESS 2334 WILSON ST.  
3.4 CITY - ST - ZIP HOLLYWOOD, FL 33020

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Date

(407) 391-4054

Daytime Phone #

CR2E034 (12/95)