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FILED

Jan 24 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 # P94000084374 (5)

1. Corporation Name
WHOLENET SOLUTIONS, CORP.

Principal Place of Business

1700 N. DIXIE HWY.
SUITE 127
BOCA RATON FL 33432
US

Mailing Address

1700 N. DIXIE HWY.
SUITE 127
BOCA RATON FL 33432-1807
US



2. Principal Place of Business

2a. Mailing Address

21 21346 ST. ANDREWS BLVD

26 21346 ST. ANDREWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #120

27 #120

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

24 Zip 33433

25 Country U.S.

29 Zip 33433

30 Country U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELEMEN, WILLIAM
3185 N.E. 48TH COURT
BLDG. 6-B #209
LIGHTHOUSE POINT FL 33064

81 Name WILLIAM KELEMEN

82 Street Address (P.O. Box Number is Not Acceptable)
21420 54TH DR. S.

83

84 City BOCA RATON

FL

85 Zip Code 33486

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

William Kelemen
Signature, typed or printed name of registered agent and title if applicable

WILLIAM KELEMEN

(NOTE: Registered Agent signature required when reinstating)

1/19/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KELEMEN, WILLIAM	
STREET ADDRESS	21420 54TH DR., SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KELEMEN, BLANCA M	
STREET ADDRESS	21420 54TH DR., SOUTH	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPSTV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

William Kelemen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM KELEMEN

1/19/97

(561) 361-9766

Date

Daytime Phone #

CP2E034 (9/96)