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

PROFIT CORPORATION ANNUAL REPORT

1997



LLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084654 (0)**

	VAREHOUSE, INC.		· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business 6065 NW 167TH ST. SUITE B26 HALEAH FL 33015		Mailing Address 6065 NW 167TH ST. SUITE B28 HIALEAH FL 33015-4329		3. Date Incorporated or Qualified 3a. Date of Last Report	
				11/17/1994	04/18/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FFI Number	Applied For
21		26		65-0540123	Not Applicable
Suite, Apt. #, etc.		Strite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		& Floation Commission Financian	Fee Required
23		[28]		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	<i>7</i> φ	Country	B. This corporation has liability for	
24	25	[29]	30	Florida Statutes	Yes 🗍 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
TAFFINDER, CHARLES R			81 Name		ļ
6065 NW 167TH ST. Suite B28			82 Street Addr	ess (P.O. Box Number is Not Acceptal	ole)
	E D20 .EAH FL 33015		В3		
i iint	EATT 1 E 00010				
			84 City		FL 85 Zip Code
SIGNATURE	ogistered agent, or both, in the State on familiar with, and accept the obligations of the state	and title if opplicable (NOT)	Tegiste ed Agent signature requir	oration submits this statement for the poin's board of directors. I horeby acce od wtcn reinstatings ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	TOFFINDER, CHARLES R	L. ULLEH	1.1 10 LF		L_ Change L_ Addition
NAME Street address i	6065 NW 167TH ST		1.2 NAME 1.3 STREEL ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST- ZIP		i
TITLE	VPD	DELETE	21 IIILE		Change Addition
NAME	ROTHERNAL, WILLIAM		2.2 NAME		
STREET ADDRESS	6065 NW 167TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2 4 CITY - \$1 - 7#		
THLE		DETETE	3171111		Change C Addition
NAME			32 NAME		l
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		FT CHACK	4 2 NAME		Em annuals Em suggingly
STREET ADDRESS			4.3 \$TREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 THUE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 \$TREE LADDRESS		
CITY+ST-ZIP		Torre	5.4 C(1Y - S1 - Z(P		Chocas
TITLE		_J buen	6 1 TITLE		L Change
NAME STREET ADDRESS			62 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST- ZIP		
14. I do heret			for the exemption stated	Lin Section 119.07(3)(i), Florida Statuto	
informatio I am an of	n indicated on this annual report or su	pplemental einnual report is tru he receiver or trustee empowe	ie and accurâte and that red to execute this repor	my signature shall have the same lega t as required by Chapter 607, Florida S	al effect as if made under oath; that

CIGNATURE.

4/37/57

FILED

May 19 1997 8:00am

Secretary of State