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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000086035 (0)**

1. Corporation Name

WHOLESALE AUTOMOTIVE INC.



Principal Place of Business

Mailing Address

**18406 STERLING SILVER CIRCLE
LUTZ FL 33549**

**18406 STERLING SILVER CIRCLE
LUTZ FL 33549**

2. Principal Place of Business

2a. Mailing Address

21 **8199 US 17 N**

26 **PO BOX 2896**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **PINELLAS PARK FL**

27 **PINELLAS PARK FL**

City & State

City & State

23 **PINELLAS PARK FL**

28 **PINELLAS PARK FL**

Zip

Country

Zip

Country

24 **34665**

25 **PINELLAS**

29 **34664**

30 **PINELLAS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JULIAN, MIKE
18406 STERLING SILVER CIRCLE
LUTZ FL 33549**

81 Name

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

83

84

PINELLAS PARK

FL

85 Zip Code

34665

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

MICHAEL JULIAN

(NOTE: Registered Agent signature required when reinstating)

4-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **JULIAN, MICHAEL**
STREET ADDRESS **18406 STERLING SILVER CIRCLE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **JULIAN, MICHAEL**
1.3 STREET ADDRESS **8199 US 17 N**
1.4 CITY-ST-ZIP **PINELLAS PARK FL 34665**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

MICHAEL JULIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

DATE Daytime Phone #

CR2E034 (12/95)