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 # **P95000007231 (0)**

1. Corporation Name
WHOLESALE REPLACEMENT SERVICE, INC.

Principal Place of Business
6441 BISCAYNE BLVD.
MIAMI FL 33138

Mailing Address
6441 BISCAYNE BLVD.
MIAMI FL 33138

3. Date Incorporated or Qualified: **01/25/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0556600 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **$8.75** Additional Fee 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
STEINBERG, PAUL B ESQ.
767 ARTHUR GODFREY ROAD
MIAMI BEACH FL FL331-40

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

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 — DATE — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CLAWSON, PATRICK	
STREET ADDRESS	6441 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VD	☒ DELETE
NAME	ELLISON, RICHARD G	
STREET ADDRESS	6441 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	SD	☐ DELETE
NAME	CLAWSON, EARL H	
STREET ADDRESS	6441 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33138	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	CLAWSON, MARY	
2.3 STREET ADDRESS	6441 Biscayne Blvd	
2.4 CITY-ST-ZIP	Miami, FL 33138	
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	900001797989	
4.4 CITY-ST-ZIP	-04/29/96--01024--012 ***200.00	
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		

4-27-96 JP

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 — Date: 4/9/96 — Daytime Phone #: (305) 751-4422

CR2E034 (12/95)