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

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
6441 BISCAYNE BLVD. MIAMI FL 33138	6441 BISCAYNE BLVD. MIAMI FL 33138-6229

3. Date Incorporated or Qualified: 01/25/1995
3a. Date of Last Report: 04/27/1996

2. Principal Place of Business
21: 1608 Town Center Blvd
Suite, Apt. #, etc.
22: Unit B
City & State
23: Weston, Florida 33326
Zip: 24: 33326 Country: 25: USA

2a. Mailing Address
26: 1608 Town Center Boulevard
Suite, Apt. #, etc.
27: Unit B
City & State
28: Weston, Florida 33326
Zip: 29: 33326 Country: 30: USA

4. FEI Number: 65-0556600 ☐ Applied For ☐ Not Applicable

6. 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: C. Christian Sautter, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2900 East Oakland Park Boulevard
83: Suite 200
84 City: Fort Lauderdale, FL 85 Zip Code: 33306

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: C. Christian Sautter DATE: 6-27-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAWSON, PATRICK 6441 BISCAYNE BLVD. MIAMI FL 33138	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T/D CLAWSON, PATRICK 1608 Town Center Blvd, Unit B Weston, Florida 33326 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLAWSON, MARY 6441 BISCAYNE BLVD. MIAMI FL 33138	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/S/D PALMER, GARY 1608 Town Center Blvd., Unit B Weston, Florida 33326 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLAWSON, EARL H 6441 BISCAYNE BLVD. MIAMI FL 33138	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D HAZLETT, CHARLES 1608 Town Center Blvd., Unit B Weston, Florida 33326 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D LOGEAN, ALAIN 1608 Town Center Blvd.,Unit B Weston, Florida 33326 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D NEWTON, MICHAEL 1608 Town Center Blvd., Unit B Weston, Florida 33326 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	** See page 2 attached for continued additions	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D PARK, LARENCE 1608 Town Center Blvd., Unit B Weston, Florida 33326 — ☐ Change ☒ Addition

CR2E034 (9/96)

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: Patrick Clawson, President Telephone no. WRS (954-389-6930) DATE: 6-22-97

** Page 2 (continued additions)

RE: WHOLESALE REPLACEMENT SERVICE, INC.
DOCUMENT # P95000007231 (O)

13.	ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12. (CONTINUED)	
1.1 Title	D	___CHANGE X ADDITION
1.2 Name	THOMSON, PETER	
1.3 Street Address	1608 Town Center Blvd., Unit B	
1.4 City-St-Zip	Weston, Florida 33326	
1.1 Title	D	___ CHANGE X ADDITION
1.2 Name	TRAVER, JOHN	
1.3 Street Address	1608 Town Center Blvd., Unit B	
1.4 City-St-Zip	Weston, Florida 33326	
1.1 Title	D	___ CHANGE X ADDITION
1.2 Name	WHITLEY, WALLACE	
1.3 Street Address	1608 Town Center Blvd., Unit B	
1.4 City-St-Zip	Weston, Florida 33326	