

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051334 (7)

1. Corporation Name

ONLINE WAREHOUSE, INC.



Principal Place of Business

Mailing Address

5701 PINE ISLAND ROAD STE 350
TAMARAC FL 33321

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TAMARAC FL 33321

3. Date Incorporated or Qualified

06/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
300

26 Suite, Apt. #, etc.
300

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

4. FFI Number

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

10. Name and Address of New Registered Agent

ARNEL, TIMOTHY C
1142 NW 97TH DRIVE
CORAL SPRINGS FL 33071

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

Signature typed or printed name of registered agent and then applicable

(If 11c Registered Agent's signature required when resigning)

DATE

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ARNEL, TIMOTHY C
STREET ADDRESS 1142 NW 97TH DR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D
NAME ARNEL, DONALD M
STREET ADDRESS 1524 NW 122 DR.
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D
NAME MILLER, KEITH A
STREET ADDRESS 9840 NW 7TH CIRCLE
CITY-ST-ZIP PLANTATION FL 33324

TITLE D
NAME BUSH, EDWARD C
STREET ADDRESS 9840 NW 7TH CIRCLE
CITY-ST-ZIP PLANTATION FL 33324

TITLE D
NAME HOLBACH, KEITH S
STREET ADDRESS 10871 NW 29TH CT.
CITY-ST-ZIP SUNRISE FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, 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

President 6/11/96 9541/126-3562

CR2E034 (3/96)