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FILED  
Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
5701 PINE ISLAND ROAD STE 350  
300  
TAMARAC FL 33321  
US

Mailing Address  
5701 PINE ISLAND ROAD STE 350  
300  
TAMARAC FL 33321-4400  
US

3. Date Incorporated or Qualified  
06/28/1995

3a. Date of Last Report  
06/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 5701 Pine Island Road	26 5701 Pine Island Road	NOT APPLICABLE 65-0599272	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 300	27 300	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Tamarac, Fl	28 Tamarac, Fl	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33321	29 33321		
Country	Country		
25 US	30 US		

9. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNEL, TIMOTHY C	1.2 NAME	
STREET ADDRESS	1142 NW 97TH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNEL, DONALD M	2.2 NAME	
STREET ADDRESS	1524 NW 122 DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KEITH A	3.2 NAME	
STREET ADDRESS	9840 NW 7TH CIRCLE	3.3 STREET ADDRESS	MILLER, KEITH A
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	843 NE 17 AVENUE APT 1
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, EDWARD C	4.2 NAME	
STREET ADDRESS	9840 NW 7TH CIRCLE	4.3 STREET ADDRESS	BUSH, EDWARD C
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	6621 NW 22 STREET
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBACH, KEITH S	5.2 NAME	
STREET ADDRESS	10871 NW 29TH CT.	5.3 STREET ADDRESS	MARGATE, FL 33063
CITY-ST-ZIP	SUNRISE FL 33322	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Timothy C. Arnel* TIMOTHY C. ARNEL 2/6/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)