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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000051334 (7)

ONLINE WAREHOUSE, INC.

5701 F	p / 12.00 D. D.	isiness	Ma	ailing Address				i isminitar tilb tønni ateri abrit abrit a			
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	RAC FL 33321			Marac FL 33321-4	400				····· r ·······················		
US			US					 Date Incorporated or Qualified 06/28/1995 		e of Last F 0/1996	leport
	ncipal Place of			Mailing Address				4. FEI Number			oplied For
	*******	Island Road	26	5701 Pine		and I	Road	NOT APPLICABLE 6	<u>5-05992</u>		ot Applicable
	ite, Apt.#, etc.		<u> </u>	Suite, Apt. #. etc.				5. Certificate of Status Desired		•	Additional
	00		27	300					••••••••••••••••••••••••••••••••••••••	Fee R	equired
J1	y & Stale		ļ,	City & State				6. Election Campaign Financing	*****	\$5.00	May Be
23 T	amarac F		28	Tamarac.				Trust Fund Contribution	<u> </u>		to Fees
Zip		Country		Zip		Country		This corporation has liability for			. 199.032,
24	33321	25 US		33321	30		<u>JS</u>			No	
ļ		Name and Address of Cur	rent Regis	tered Agent			N	10. Name and Address of New I	tegisterec A	gent	
		IMOTHY C				81	Name				
1142 NW 97TH DRIVE				82 Street Ac			Street A	Address (P.O. Box Number is Not Accept	able)		
	CORAL S	Prings Fl 33071							·		
						83		•			
						84	City			85 Zip	Code
							0.0,		FL		
11. P	ursuant to the p	provisions of Sections 607.0	0502 and 6	07.1508, Florida St	tatutes, th	ne abov	e-named i	corporation submits this statement for the	purpose of	changing i	ts registered
OI a:	mice or register gent. Lam fami	red agent, or both, in the St Tran with, and accept the ob	ate of Florid ligations of	da. Such change w i, Section 607.0505	vas autno 5. Florida	Statute:	v tne corp s.	poration's board of directors. I hereby acc	epi ine appo	intment as	registered
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ι	VIII RESE										
SIGN	ATURE Signatur	o. Good or profited name of registered			(NOTE Regi	slered Age	ant signature	required when reinstating)	DATE		······································
ι	Signatur	o Gred or printed name of registered OFFICERS /		CTORS		islered Age	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		
SIGN	Signatur	OFFICERS (ICERS AND	DIRECTOF	RS IN 12
SIGN/	Signatur D ARN	OFFICERS A		CTORS		13.			ICERS AND		
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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 trustoerompowered 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.