FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

. 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

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02-10-1999 90022 006 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056736 1. Corporation Name

CLARK WHOLESALE CO.

| 2.70 | | | | | | | | |
|---|--|--|---------------------------|--|---|---|------------------|--|
| Principal Place of Business Mailing Address | | | | ····· | | | | |
| | RNANDO ROAD | 12744 SAN FERNANDO RO | AD | | | | | |
| SYLMAR CA 9 | 1342 | SYLMAR CA 91342 | | | | | | |
| us | | | | | DO NOT WRITE IN THIS SPACE | | | |
| 11.31 | | | | | 3. Date Incorporated or Qualifed | | | |
| 5.1 | Place of Business | | | | 07/21/1995 | | | |
| 21 | riace or business | Ža. Mailing Address | | | 4. FEI Number | A | oplied For | |
| Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | 65-0595507 Not A | | | |
| | | | | | 5. Certificate of Status Desired See Required Fee Required | | | |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | | Trust Fund Contribution | Added | to Fees | |
| Zip | Country | Zip | Count | ry | 8. This corporation owes the currer | nt year Intangible | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | ☐ Yes | □No | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Re | gistered Agent | | |
| СТ | CORPORATION SYSTEMS | | . 8 | 1 Name | | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 8 | 2 Street Add | dress (P.O. Box Number is Not Acceptable | e) | | |
| PLANTATION FL 33324 | | | | ************************************** | | | | |
| , 64 | 111AHON 1 E 33324 | | 8 | 3 | | | 111 501 152 | |
| | | | 8 | 4 City | 4月2日の日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日 | | 1014 (21 154 | |
| | r carrier and the same | | | 1 | | FL 85 Zip 0 | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statute | s, the abo | ve-named cor | poration submits this statement for the pu | | registered | |
| agent. I a | m familiar with, and accept the obligation | nonua. Such change was au ons of, Section 607.0505, Flori | inorized b ida Statute | y the corporati s. | poration submits this statement for the pu ion's board of directors. I hereby accept t | he appointment as re | gistered | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered agent a | | Registered Age | ent signature require | ed when reinstating)) (1944) (| DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICE | CERS AND DIRECTO | RS IN 12 | |
| TITLE | P/D | ☐ DÉLETE | 1.1 TITLE | | 57-0695/507 | ☐ Change | Addition | |
| NAME | TERRANCE, GREGG H | | 1.2 NAME | | er e same er state, | | | |
| STREET ADDRESS | 12744 SAN FERNANDO ROAD | | 1.3 STREE | TADORESS | | • | | |
| CITY-ST-ZIP | SYLMAR CA 91344 | | 1.4 C/TY- | ST-ZIP | | 1 | | |
| TITLE | VSD | ☐ DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | KENTOR, ERIC S | | 2.2 NAME | | | _ • | | |
| STREET ADDRESS | 12744 SAN FERNANDO ROAD | | 2.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | SYLMAR CA 91344 | | 2. 4 CITY- | ST-ZIP | | | | |
| TITLE , | V/D., | ☐ DELETE | 3.1 TITLE | | - | Change | ☐ Addition | |
| NAME | SAYER, KEVIN R | | 3.2 NAME | | | | | |
| STREET ADDRESS | 12744 SAN FERNANDO ROAD | | 3.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | SYLMAR CA 91344 | | 3.4, CITY- | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | J 1- CIF | | rer astel Britz Britz (2571) Vill Sviki vill Cil Chango Si | (A) (126) | |
| | | | | • | 大大大大大大大 医海绵红斑 经 | 도 이 국회 20 RE LEEVINGUIG 등 1 | LICEL : AUGINO/I | |

6.4 CITY-ST-ZIP 14. I 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, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

17/27/105

362-2358

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (11/98)