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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation Name WHOLESALE VIII	·		
Principal Place of Busine	ess	Mailing Address	
2115 10TH AVE NORTH LAKE WORTH FL 33461		P.O. BOX 1177 BOYNTON BEACH FL 33425-117	7
2. Principal Place of Bus	siness	2a. Mailing Address	·
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
7in	Country	Zin	Country

FILED May 03, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Manin	g Address													
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24	25	29		30					ame and			w Ros	istered			
	9. Name and Address of Curr	ent Register	ed Agent	_	81	No	me	10, 11	allie ariu	<u>raai 63</u>	3 01 110		i stored	Agoin		-
PEDI	KOFF, JEFFREY				"	INA							-			
					82	Ştr	reet Addre	ss (P.O	. Box Num	nber is 1	Not Acc	eptable	-)			
	5 10TH AVE NORTH					 										
LAKE	E WORTH FL 33461				83											
	,				84	Cit	ty				·		FL	85 2	Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.	1508, Florida Statu	ites, the	above	e-nan	med corpo	ration s	ubmits this	statem	ent for	the pu	rpose of	changing	its r	egistered
office or re	registered agent, or both, in the Statem familiar with, and accept the obligations.	te of Flo⊓da. ₹	Such change was a	autnonzi	ea by	tne ¢	corporation	n's boar	d of direct	ors. I he	ereby a	ccept t	ne appo	intment a	s regi	stered
SIGNATURE													DATE			
	Signature, typed or printed name of registered a	agent and title if app	plicable. (NOT	E: Register	red Agen	nt signa	ature required	when reins	staung)				DATE			
	Signature, typed or printed name of registered a OFFICERS A		· · · · · · · · · · · · · · · · · · ·			nt signa	ature required		DITIONS/	CHANG	ES TO	OFFIC		ND DIREC	CTOR	S IN 12
12.	OFFICERS /	AND DIRECT	· · · · · · · · · · · · · · · · · · ·	13		nt signa	ature required		-	CHANG	ES TO	OFFIC		ND DIREC		S IN 12
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS