

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085214 (1)

1. Corporation Name

THE WHOLE TRUTH, INC.

Principal Place of Business

1091 HIATUS ROAD
PEMBROKE PINES FL 33026

Mailing Address

1091 HIATUS ROAD
PEMBROKE PINES FL 33026



3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

1689 N Hiatus Rd

Suite, Apt. #, etc.

Suite 119

City & State

Pembroke Pines, FL

Zip

33026

Country

Broward

4. FEI Number

65-0622214

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

BRENNER, JOSEPH M
1091 HIATUS ROAD
PEMBROKE PINES FL 33026

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 P
NAME BRENNER, DONNA
STREET ADDRESS 1091 HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ DELETE

TITLE V
NAME BRENNER, JOSEPH
STREET ADDRESS 1091 HIATUS ROAD
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE P/T
1.2 NAME Brenner, DONA
1.3 STREET ADDRESS 1689 N Hiatus Rd Suite 119
1.4 CITY-ST-ZIP Pembroke Pines, FL, 33026

☒ Change ☐ Addition

2.1 TITLE V/S
2.2 NAME Brenner, Joseph
2.3 STREET ADDRESS 1689 N Hiatus Rd suite 119
2.4 CITY-ST-ZIP Pembroke Pines, FL 33026

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph M Brenner

JOSEPH M Brenner April 26, 1996 (954) 718-622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)