

Amended Annual Report

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN 24 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 895000086322

1. Corporation Name

Courtesy Wholesale Corporation

Principal Place of Business

Mailing Address

450 E. Las Olas Blvd.  
Ste. 1200

450 E. Las Olas Blvd.  
Ste. 1200

Ft. Lauderdale, FL 33301

Ft. Lauderdale, FL 33301

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

American Information Services, Inc.  
1 SE 3rd Avenue, 21st Floor  
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1200 S. Pine Island Rd.  
84 City Plantation FL 85 Zip Code 33354

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

Carrie Bury

JENNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

6/20/97

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of new registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 5  
NAME Richard L. Handley  
STREET ADDRESS 450 E. Las Olas Blvd Ste. 1200  
CITY-ST-ZIP Ft. Lauderdale FL 33301

11 TITLE  
NAME Gerald Weber  
12 STREET ADDRESS 450 E. Las Olas Blvd Ste. 1200  
13 CITY-ST-ZIP Ft. Lauderdale FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
NAME Jeffrey Davis  
22 STREET ADDRESS 450 E. Las Olas Blvd Ste. 1200  
23 CITY-ST-ZIP Ft. Lauderdale FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
NAME James O. Ote  
32 STREET ADDRESS 450 E. Las Olas Blvd Ste. 1200  
33 CITY-ST-ZIP Ft. Lauderdale FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
NAME  
42 STREET ADDRESS  
43 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
NAME  
52 STREET ADDRESS  
53 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
NAME  
62 STREET ADDRESS  
63 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/97

954-713-5200

CR2E034 (9/96)