

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083705 (9)

1. Corporation Name

#1 WHOLESALE IMPORTS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 350186
FORT LAUDERDALE FL 33335

POST OFFICE BOX 350186
FORT LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/02/1996

4. FEI Number

65-0708929

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VELYVIS, KAREN
110 LAKE EMERALD DRIVE #202
FORT LAUDERDALE FL 33309

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

PVST
VELYVIS, KAREN
110 LAKE EMERALD DRIVE #202
FORT LAUDERDALE FL 33309

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP ☒ Change ☒ Addition

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

DIRECTOR
PAUL VAN BOWEN
110 LAKE EMERALD DR #202
FT. LAUD. FL 33309

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP ☐ Change ☒ Addition

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

VICE PRESIDENT
PAUL VAN BOWEN
110 LAKE EMERALD DR #202
FT. LAUD. FL. 33309

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP ☐ Change ☒ Addition

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

SECRETARY/TREASURER
KAREN VELYVIS
110 LAKE EMERALD DR #202
FT. LAUD., FL. 33309

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

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

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY - ST - ZIP ☐ Change ☐ Addition

~~VELYVIS, KAREN~~
~~110 LAKE EMERALD DRIVE #202~~
~~FORT LAUDERDALE FL 33309~~

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

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

CR2E034 (4/97)