## 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

## DOCUMENT # P96000093574

1. Corporation Name

LARRY'S WHOLESALE EXCHANGE, INC.

Principal Place of Business

5631 N.E. 16TH TERRACE FORT LAUDERDALE FL 33334 Mailing Address

5631 N.E. 16TH TERRACE FORT LAUDERDALE FL 33334

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90109 039 \*\*\*150.00



					DO NOT WRITE IN	THIS SPACE_		_
					3. Date Incorporated or Qualifed			
	•			-	11/12/1996	•		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	. []	Applied For	
21 563	31 N.B. 16 TERR	26			65-0706166		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>y</b>	Additional	}
22		27	<u> </u>		5. Certicate of Status Desired	Fee	Required	ļ
City & Stat		City & State			6. Election Campaign Financing	\$5.0	<b>0</b> May Be	
23 Ft.U	AUO, FLA.	28			Trust Fund Contribution	Add∈	d to Fees	1
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		_	
24 333	34 25 BROWNED	29 30	_	_	Personal Property Tax.	☐ Yes	No	1
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ered Agent		4
	E 1400V 0			81 Name				
	LE, LARRY S			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>		1
5631 N.E. 16TH TERRACE				oli ooli yadan	555 (* 157 Box 1141),==1 15 1141 1141 1141			
FOR	T LAUDERDALE FL 33334		ļ	83				}
						05.7	p Code	∤
				84 City		FL  85  Z	p Code	
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the at	ove-named corpo	oration submits this statement for the purpo-	se of changing	its registered	1
office or r	egistered agent, or both, in the State of	Florida. Such change was auth	iorized	by the corporatio	n's board of directors. I hereby accept the a	appointment as	registered	-
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, Fiorida	a Statt	ies.				}
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Re	raistored	Agent signature required	(when reinstating) DA	TE	<del> </del>	ير (
12.	OFFICERS AND		13.	<b>3</b>	ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12	(11/08
TITLE	D	☐ DELETE	1.1 TIT	LE .		Chang		=
NAME	LITTLE, LARRY S	_	1.2 NA	1				3
	5631 N.E. 16TH TERRACE			REET ADDRESS				8
STREET ADDRESS	FORT LAUDERDALE FL 33334			Y-ST-ZIP				1 5
CITY-ST-ZIP	TONT DAUDENDALL IL 30304	☐ DELETE	2.1 TII			☐ Chang	e	2
			2.1 //I					
NAME							/	1
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETE	_	TY-ST-ZIP		☐ Chang	e Addition	1
TITLE		☐ nerele	3.1 717	i				
NAME			3.2 NA					
STREET ADDRESS				REET ADDRESS				<u> </u> -`
CITY-ST-ZIP			_	TY-ST-ZIP			n Addition	-
TITLE		☐ DELETE	4.1 111			Chang	e Addition	
NAME			4.2 N	ME				1_
STREET ADDRESS			4.3 ST	REET ADDRESS			,	1
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP				4
TITLE	·	☐ DELETE	5.1 TIT	l l		Chang	je 🗌 Addition	
NAME			5.2 NA	ME	•			
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP			- V T 1-11-V1	1
TILE		☐ DELETE	6.1 TIT	LE		☐ Chang	e Addition	
NAME			6.2 NA	ME				
STREET ADDRESS	k see a see gee		6.3 ST	REET ADDRESS				
CITY-ST-ZIP	1 2 1 10 20 20		6.4 CIT	Y-ST-ZIP				
VIII VII ZII			-					-

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.

SIGNATURE:

