Change

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

| Corporation | MENT # P9700(ITH WHOLESALE, INC. | 0089793 | | | | | | | |
|--|---|-------------------------------|--------------|--|--|--|--------------------------------|------------------------------------|--|
| Principal Plac | ce of Business | Mailing Address | _ | | | - I (401/94) 150 JB 111 JB 111 39151 BD 11 | | 1 0010 10100 1111 101 | |
| 2814 NORTH 46TH AVE 2814 N 46 AVE H276 HOLLYWOOD FL 33021 | | | | | | DO NOT WRITE IN TH | IS SPACE | E | |
| us | | | | | | 3. Date Incorporated or Qualifed 10/17/1997 | | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4. FEI Number 65-0791756 | | Applied For Not Applicable | |
| | .#, etc | | | | | 5. Certificate of Status Desired | | 75 Additional se Required | |
| City & Sta | te | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip | | | | Country 8. This corporation owes the current year Intangible Personal Property Tax. | | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| MEREDITH, ANNE J 2814 N 46 AVE APT H276 HOLLYWOOD FL 33021 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | • | | | 84 City | y | F | L 85 | Zip Code | |
| office or | to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig | of Florida, Such change was a | authorized | by the c | ned corpo orporation | oration submits this statement for the purpose n's board of directors. I hereby accept the app | of changir ointment | ng its registered as registered | |
| SIGNATURE | · | (NOT | T. Desistand | Acont sono | tues required | when reinstating) DATE | | | |
| 12. | Signature, typed or printed name of registered ag | ND DIRECTORS | 13. | Agent signal | rnie iednien | ADDITIONS/CHANGES TO OFFICERS | AND DIRE | CTORS IN 12 | |
| TITLE | PD | DELETE | 1.1 70 | TLE. | T | 7,007,707,074,110,007,100 | Cha | | |
| NAME | MEREDITH, ANNE J | | 1.2 N | MF | | | | | |
| STREET ADDRESS 2814 N 46 AVE APT H276 | | | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | | | ry-st-zip | | | | | |
| 1 2.11 O. D. | | | | | | | | | |

□ DELETE

MEREDITH, BRIAN W NAME 2814 N 46 AVE APT H276 2.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 2. 4 CITY-ST-ZÎP Change ☐ DELETE ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CfTY-ST-Z/P CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ Change ☐ DELETE TITLE 62 NAME

2.1 TITLE

2.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: CENTRE

STD

TITLE

NAME

STREET ADDRESS

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90081 009 ***150.00

CR2E034 (11/98)

☐ Addition

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