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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000103416 (8) DOCUMENT #

I.C. WHOLESALERS, INC.

FILED May 01 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 5806 SW 27TH 6T., UNIT WEST 5606 SW 27TH ST., UNIT WEST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 6507 803 Whitehead Street Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Key West, Florida Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 25America ☐ Yes **₩** No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHESTNUT, INEZITA G 5606 6W 27TH ST., UNIT WEST 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33023 83 84 City 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 profed name of registered agest and fibe if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE NAME 1.2 NAME Rose Brannan Alexander STREET ADDRESS 1.3 STREET ADDRESS 1801 NW 54TH Terrace, CITY-ST-ZIP 1.4 GITY - ST - 7IP Lauderhill, Fl 33313 Change Addition DELETE 21 TITLE TITLE P and T 2.2 NAME NAME Inezita Grant Chestnut 2.3 STREET ADDRESS STREET ADDRESS 5606 SW 27TH Street, Unit West CITY-ST-ZIP 2. 4 CITY-ST-ZIP Hollywood, Fl 33023 DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 logal 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 nanged, or on an ξ