

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000094381**  
 1. Corporation Name  
**WAREHOUSE ENTERPRISES, INC.**



Principal Place of Business  
 106 SOUTH LAKE AVENUE  
 ORLANDO FL 32801

Mailing Address  
 106 SOUTH LAKE AVENUE  
 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <u>3001 N 29th Ave</u>	26 <u>18506 NE 5TH Ave</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <u>Hollywood, FL</u>	28 <u>North Miami Beach, FL</u>
24 <u>33020</u>	29 <u>33179</u>
25 <u>USA</u>	30 <u>USA</u>

3. Date Incorporated or Qualified	11/06/1998
4. FEI Number	<u>65-0881096</u>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BLACK, RONALD W**  
 106 SOUTH LAKE AVENUE  
 ORLANDO FL 32801

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VICE PRESIDENT
NAME	ASHDJI, FOUAD S	1.2 NAME	
STREET ADDRESS	106 SOUTH LAKE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	SECRETARY/TRES
NAME	COHEN, JACOB	2.2 NAME	
STREET ADDRESS	21300 NORTHEAST 20TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	PRESIDENT
NAME	REINER, PAUL B	3.2 NAME	
STREET ADDRESS	3530 NORTH 55TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: PAUL B REINER 4/5/99 305-652-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Leave Phone #)

CR2E03A (11/98)