09011999-90009-025-$150.00-$150.00

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90009 025 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000108225

1. Corporation Name
ABLE WHOLESALE INC.

Principal Place of Business	Mailing Address
P.O. BOX 7089 BOCA RATON FL 33431	P.O. BOX 7089 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1998

2. Principal Place of Business	2a. Mailing Address
	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	27
City & State	City & State
	28
Zip / Country	Zip / Country
25	29 / 30

4. FEI Number: 65-0785610 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CLAYTOR, JOHN
1353 GALLINULE DR.
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name: MICHAEL M. KLEIN
82 Street Address (P.O. Box Number is Not Acceptable): 7462 SILVERWOODS CT.
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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] 9-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
AME	KLEIN, MICHAEL M	1.2 NAME	
TREET ADDRESS	7462 SILVERWOODS COURT	1.3 STREET ADDRESS	
ITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
AME		2.2 NAME	
TREET ADDRESS		2.3 STREET ADDRESS	
ITY-ST-ZIP		2.4 CITY-ST-ZIP	
TLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
AME		3.2 NAME	
TREET ADDRESS		3.3 STREET ADDRESS	
ITY-ST-ZIP		3.4 CITY-ST-ZIP	
TLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
AME		4.2 NAME	
TREET ADDRESS		4.3 STREET ADDRESS	
ITY-ST-ZIP		4.4 CITY-ST-ZIP	
TLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
AME		5.2 NAME	
TREET ADDRESS		5.3 STREET ADDRESS	
ITY-ST-ZIP		5.4 CITY-ST-ZIP	
TLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
AME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: [signature] 8-26-99 561-391-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #