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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S66646

181

FILED May 16 1997 8:00am Secretary of State

T. Corporation Name COMMERCIAL WHOLESALE CORPORATION Principal Place of Business Mailing Address 3860 W. COMMERCIAL BLVD. STE 120 FT. LAUDERDALE FL 33309 US Mailing Address FT. LAUDERDALE FL 33349-1850 US						3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1991 05/01/1996					
2. Principa	of Place of Busine	SS	2a, Mai	ling Address			4. FEI Number		1 00/		oplied For
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 1	pt. #, etc.		Suil	te, Apt. #, etc.			5. Certificate of Sta	itus Desired			Additional equired
22 City & S	State			& State	,,,,,	····	6. Election Campai	gn Financing			May Be
23			28			· · · · · · · · · · · · · · · · · · ·	Trust Fund Contr				to Fees
Zip =-j	-	Country	Zip		Cou	intry	8. This corporation				. 199.032,
24	9 Neme a	5 nd Address of Curr	29 rent Registere	d Agent	30	 	Florida Statutes 10. Name and Add			No Agent	
	TONE, ARTHU		on viogistore	<u> </u>		81 Name	19. Trains and France		9.5.5.55		
	860 W. COMM					82 Street Add	iress (P.O. Box Number	is Not Acceptal	blei		
F	T. LAUDERDAL	E FL 33309									
						83					
						84 City		***************************************		85 Zip	Code
11. Pursua office i	ant to the provision registered age	ns of Sections 607.0 nt, or both, in the Sta	502 and 607.19 ate of Florida. S ligations of, Se	508, Florida Stat luch change wa ction 607,0505.	lutes, the all s authorized Florida Stat		poration submits this sta ation's board of directors	itement for the j	purpose o	f changing i	ts registered registered
SIGNATUF	RF	printed name of registered	agent and title if app	licable (N	IOTE: Registera				purpose o pt the app		
SIGNATUR	RF	printed name of registered		licable (N		bove-named corp d by the corpora lutes.			purpose o pt the app		
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I do 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 or an extraction and decision of the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Date

Daylime Phone #