

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 139390 (9)
 1. Corporation Name
HAMITER DISTRIBUTING COMPANY, INC.

Principal Place of Business Mailing Address
 101 E. KENNEDY BLVD., #2550 101 E. KENNEDY BLVD., #2550
 PO BOX 1868 PO BOX 1868
 TAMPA FL 33601 TAMPA FL 33601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	07/25/1940	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		59-0280417	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
24		25		5. Certificate of Status Desired	
29		30		8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
FLAWS, MAGNUS JR CPA		81 Name		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
101 E. KENNEDY BLVD.		82 Street Address (P.O. Box Number is Not Acceptable)			
BARNETT PLAZA, SUITE 2550		83			
TAMPA FL 33602		84 City		FL 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 types for printed name of registered agent and title if applicable. (NONE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAWS, LAWRENCE R.	1.2 NAME	
STREET ADDRESS	101 E KENNEDY BLVD, STE 2550	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMITER, LENA	2.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	PTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAWS, MAGNUS (JR.)	3.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: *Magnus Flaws, Jr.* MAGNUS FLAWS, JR. 4/16/98 813-223-2711

CR2E034 (10/97)