## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

**DOCUMENT #** 476850

(3)

Principal Place	C DISTRIBUTORS, INC.	Ma ling Address	STREET				
Suite 101	TY FL 33330	SUITE 101					
US US	IIT PL 33330	COOPER CITY FL US	33330		3. Date Incorporated or Qualified	3a. Date of Last Report	
· · · · · · · · · · · · · · · · · · ·					05/27/1975	03/14/1995	
	ace of Business	2a, Mailing Address			4. FEI Number	Applied For	
Suite, Apt.	# etc	26 Suito Ast # sto	Suite, Apt. #, etc.		59-1607098	Not Applicable	
22		27			<ol><li>Certificate of Status Desired</li></ol>	\$8.75 Additional Fee Required	
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip <b>24</b>	Country			У	8. This corporation has liability for	intangible tax under s 199,032,	
24	25 9. Name and Address of Curr	29 ant Registered Agent	30			. No	
	3	om nogistored Agent	81	Name	10. Name and Address of New F	registered Agent	
TAVON	E, JACK						
12399	S.W. 53RD STREET		82 Street Ac		ddress (P.O. Box Number is Not Acceptate	ole)	
SUITE			83	i			
COOPE	R CITY FL 33330		84	City		85 Zip Code	
44 6				1 7		F1   '	
or register	to the provisions of Sections 607.05 red agent, or both, in the State of Fic	02 and 607.1508, Florida Sta orida. Such change was auth	atutes, the above- orized by the con	named corp oration's ba	poration submits this statement for the public and of directors. I hereby accept the app	rpose of changing its registered office onto the original office of the contract of the contra	
ICA ( INICI) YYI	th, and accept the obligations of, So	option 607.0505, Florida Statu	ites.		<b>,  ,  ,  ,  ,  , - , - , - , - , - , - , - , , , , , , , ,</b>	or terror as registered agents really	
SIGNATURE .	Signature, typed or printed name of registered ay	ent and tile if applicable	(NOTE: Registered Age	ol signature regi	uired when reinstatout	DATE	
12.		AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFF		
TITLE	P	DELETE	1. 1 TITLE			Change Addition	
NAME	TAVONE, JACK	CHITE 404	1.2 NAME				
STREET ADDRESS	12399 SW 53RD STREET, COOPER CITY FL	SUITE 101	4	T ADDRESS			
CITY-ST-ZIP TITLE	S	DELETI	1.4 CITY - 1 2. 1 TITLE	ST-ZIP		F3 Change F3 Addition	
NAME TAVONE, JOSEPHINE			2.2 NAME	Ì		Change Addition	
STREET ADDRESS 12399 SW 53RD STREET, S		SUITE 101		T ADORESS			
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY -				
TITLE		☐ DELETE	3. 1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				FADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CHTY - 5 4. 1 TITLE	S1-ZP		Change Addition	
NAME			4.1 NAME				
STREET ADDRESS				ADDRESS			
CITY - ST - ZIP			4.4 CITY-5	+			
TITLE		☐ DELETE	5. 1 711LE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ľ			
CITY-ST-ZIP TITLE	Filogore		5.4 CITY - 5	ST - ZIP			
NAME		[] Diffe is	6.2 NAME			Change Addition	
STREET ADDRESS			6.3 STREET	PARCODA			
CITY-S1-ZIP			6 4 CITY - 5	ST-ZIP			
14. I do hereb	y certify that the information supplied	d with this firing is voluntarily f	umished and doe	s not a salifu	for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further	
Oatii, tilat	I am an officer or director of the corp Block 12 or Block 13 if changed, o	Doration of the receiver or tru	stee embowered.	to execute t	y for the exemplating stated in Section 1999, reade and that my signature shall have the this report as required by Chapter 607, File this report for this report for this report for this report for file this re	same logal effect as if made under orida Statutes; and that my name	

SIGNATURE:

4-25-96
Date Dayline Plane \*