

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002390 (0)
 1. Corporation Name
TITAN DISTRIBUTION, INC.



Principal Place of Business 2701 SPRUCE ST QUINCY IL 62301	Mailing Address 2701 SPRUCE ST QUINCY IL 62301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 42-1444713	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
5. Certificate of Status Desired <input type="checkbox"/>		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HALASYN, BILL 1201 OLD HOWELL RD #9 TAMPA FL 33619				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	CEO TAYLOR, MAURICE M JR 2701 SPRUCE ST QUINCY FL	<input type="checkbox"/> DELETE	
	D BILLIG, ERWIN H 2701 SPRUCE ST QUINCY FL 62301	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President & Director 2.2 NAME Michael R. Samide 2.3 STREET ADDRESS 2701 Spruce Street 2.4 CITY-ST-ZIP Quincy, IL 62301
	D CASHIN, RICHARD 2701 SPRUCE ST QUINCY FL 62301	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer & Director 3.2 NAME Kent W. Hackamack 3.3 STREET ADDRESS 2701 Spruce Street 3.4 CITY-ST-ZIP Quincy, IL 62301
	D SOAVE, ANTHONY 2701 SPRUCE ST QUINCY FL 62301	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary 4.2 NAME Cheri T. Holley 4.3 STREET ADDRESS 2701 Spruce Street 4.4 CITY-ST-ZIP Quincy, IL 62301
	D FEBBO, ALBERT J 2701 SPRUCE ST QUINCY FL 62301	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	D CAMPBELL, EDWARD J 2701 SPRUCE ST QUINCY FL 62301	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: *[Signature]* **FL-25-98 217-221-4330**

CP2E034 (10/97)