FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **J07867** **(1)**

1. Corporation Name

PROLINE DISTRIBUTORS, INC.

Principal Place of Business
11 NW 28TH ST
BOCA RATON FL 33431

Mailing Address
11 NW 28TH ST
BOCA RATON FL 33431

3. Date Incorporated or Qualified: **04/04/1986**

3a. Date of Last Report: **01/20/1995**

4. FEI Number: **59-2681511** [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21 Proline Distributors
Suite, Apt. #, etc.
22 1191 S. Rogers Cir
City & State
23 Boca Raton, FL
Zip
24 33487
Country
25 USA

2a. Mailing Address
26 Proline Distributors,
Suite, Apt. #, etc.
27 1191 S. Rogers Cir
City & State
28 Boca Raton, FL
Zip
29 33487
Country
30 USA

9. **Name and Address of Current Registered Agent**

COLES, BEVERLY L.
11 NW 28TH ST
BOCA RATON FL 33431

10. **Name and Address of New Registered Agent**

81 Name: Beverly L. Coles
82 Street Address (P.O. Box Number is Not Acceptable): 1191 S. Rogers Circle
83
84 City: Boca Raton **FL** 85 Zip Code: 33487

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: Beverly L. Coles
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	COLES, P. VERNON	
STREET ADDRESS	815 ENFIELD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	[ ] DELETE
NAME	COLES, BEVERLY L.	
STREET ADDRESS	815 ENFIELD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	[ ] DELETE
NAME	COLES, DARYL B.	
STREET ADDRESS	350 REDWOOD LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Daryl B. Coles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)