

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M24441 (1)

1. Corporation Name
THE LINER DISTRIBUTOR, INC.



Principal Place of Business: **C/O JAMES B. MCCURDY, P.O. BOX 1389, HOMESTEAD FL 33090**
Mailing Address: **C/O JAMES B. MCCURDY, P.O. BOX 1389, HOMESTEAD FL 33090**

3. Date Incorporated or Qualified: **12/10/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2658905**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **18875 SW 272nd St**
2a. Mailing Address: **PO Box 1389**
22. Suite, Apt. #, etc.: **#0**
27. Suite, Apt. #, etc.:
23. City & State: **HOMESTEAD, FL**
28. City & State: **HOMESTEAD, FL**
24. Zip: **33031** 25. Country: **DADE**
29. Zip: **33090** 30. Country: **Dade**

9. Name and Address of Current Registered Agent
**MCCURDY, JAMES S
18875 SW 272 ST
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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: *James S. McCurdy Pres.* *James S. McCurdy Pres.* **1/12/95**
Signature typed or printed name of registered agent and title if applicable. (b)(1)(F) Registered Agent signature required when not in person. (b)(1)(A)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCCURDY, JAMES S.	
STREET ADDRESS	18875 SW 272ND ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MCCURDY, MARY LOU	
STREET ADDRESS	12600 SW 108TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCCURDY, JAMES B.	
STREET ADDRESS	12600 S.W. 108 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCCURDY, DEBBIE	
STREET ADDRESS	PO BOX 1389	
CITY-ST-ZIP	HOMESTEAD, FL - 33090	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>MCCURDY, DE</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James S. McCurdy Pres.* *James S. McCurdy Pres.* **1/12/95** **305 2475568**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. (b)(1)(F) Registered Agent signature required when not in person. (b)(1)(A)

CR2E034 (12/95)