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PROFIT CORPORATION ANNUAL REPORT

1998

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21421

(3)

FILED Jan 28 1998 8:00am Secretary of State

D & H DISTRIBUTING COMPANY Principal Place of Business Mailing Address 2525 N. 7TH STREET P. O. BOX 5967 HARRISBURG PA 17110-0967 HARRISBURG PA 17110-0967 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1988 4. FEI Number Applied For 2. Principal Place of Business 28. Mailing Address 23-0506415 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM B1 Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD Change TITLE DELETE 1.1 TITLE Addition SCHWAB, ISRAEL NAME 1.2 NAME **2525 N. 7TH STREET** STREET ADDRESS 1.3 STREET ADDRESS HARRISBURG PA 17110 CITY-ST-ZIP 1.4 CITY-ST-ZIP SD DELETE Addition Change TITLE 2.1 TITLE SCHWAB, MORRIS NAME 2.2 NAME 2525 N. 7TH STREET STREET ADDRESS 2.3 STREET ADDRESS 17110 HARRISBURG PA CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE CTD TITLE 3.1 TITLE SPECTOR, MORTON 3.2 NAME 2525 N. 7TH STREET STREET ADDRESS 3.3 STREET ADDRESS HARRISBURG PA 17110 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change 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 suppliemental 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 provation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in anged, or on an attachment with an address

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