

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

FILED
Apr 22 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 # P93000038214 (1)
 1. Corporation Name
DIVERSIFIED DISTRIBUTORS & SERVICES, INC.



Principal Place of Business 244 E PARK AVE LAKE WALES FL 33853	Mailing Address P O BOX 960 LAKE WALES FL 33859-0960 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date incorporated or Qualified 05/24/1993	4. FEI Number 59-3231731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
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		

9. Name and Address of Current Registered Agent
BUTLER, MICHAEL
244 E. PARK AVE
LAKE WALES FL 33853

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 607.1509, 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 _____ 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	<input type="checkbox"/> DELETE
NAME	RUMFELT, THOMAS B	
STREET ADDRESS	644 S. LAKESHORE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RERUCHA, STEPHANIE	
STREET ADDRESS	244 E PARK AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	ELLIOTT, JOHN S.	
STREET ADDRESS	244 E PARK AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	OAVANAUGH, TAMMY	
STREET ADDRESS	280 E PARK AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	OOLETTE RUMFELT	
STREET ADDRESS	644 S. LAKESHORE	
CITY-ST-ZIP	LAKE WALES FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary/Treasurer
4.3 STREET ADDRESS	Michael R. Butler
4.4 CITY-ST-ZIP	6801 N. 54th Street
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tampa, FL 33601
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 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 *Michael R. Butler* **4-1-98** (813) 622-3074

CR2E034 (10/97)