

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

FILED

**May 07 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 # P96000050791 (8)
1. Corporation Name
HUSKY PRODUCTS DISTRIBUTORS INC.



Principal Place of Business 612 N. ORANGE ST. SUITE A-2 JUPITER FL 33458	Mailing Address 612 N. ORANGE ST. SUITE A-2 JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 126 Center ST. Suite, Apt. #, etc.	2a. Mailing Address 26 126 Center ST. Suite, Apt. #, etc.
22 City & State 23 Jupiter, FL.	27 City & State 28 Jupiter, FL.
24 Zip 33458 25 Country USA	29 Zip 33458 30 Country USA

3. Date Incorporated or Qualified 06/14/1996	
4. FEI Number 65-0677974	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROTH, RICHARD
612 N. ORANGE ST.
SUITE A-2
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name Richard Roth
82 Street Address (P.O. Box Number is Not Acceptable) 126 Center ST.
83
84 City Jupiter FL 85 Zip Code 33458

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		<input type="checkbox"/> DELETE
TITLE	D	
NAME	ROTH, RICHARD	
STREET ADDRESS	612 N. ORANGE ST., STE. A-2	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	
NAME	SMITH, PETER	
STREET ADDRESS	612 N. ORANGE ST., STE. A-2	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	126 Center Street		
1.4 CITY-ST-ZIP	Jupiter, FL. 33458		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	126 Center Street		
2.4 CITY-ST-ZIP	Jupiter, FL. 33458		
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 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.

R. Roth 4/30/98 (612) 943-9722

CFR2E034 (10/97)