PROFIT CORPORATION.* ANNUAL RÉPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrisi

Secretary of State

DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90136 021 ***150.00

DOCUMENT # P98000074595 1. Corporation Name

	i distributing, inc.								
Principal Place of	of Business	М	ailing Address				- (ibati Bifal dilia	INTERIOR WITH THE
5415 JAEGER RO		54	15 JAEGER ROAD						
UNIT 8 UNIT 8							DO NOT WRITE IN THIS	SPACE	
NAPLES FL 34109 NAPLES FL 34109							3. Date Incorporated or Qualifed		
							08/26/1998		1
2. Principal Place of Business			2a, Mailing Address				4. FEI Number	Ap	plied For
SAME			26 SAME				84-1297077	No	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22		27	SAME				5. Centicale of Status Desired	Fee Re	quired
City & State			City & State			دد ستک	6. Election Campaign Financing	\$5.00	
23		28	SAME				Trust Fund Contribution	Added t	o Fees
Zip	Country		Zip		intry	_	8. This corporation owes the current year In	tangible	ŽiNo I
24	25	29	SAME	30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Regi	stered Agent		81 Na	ame	10. Name and Address of New Augustation	- House	
VADA	LEVAC MATHAN A								
Karalekas, Jonathan A 5415 Jaeger Road					82 Street Address (P.O. Box Number is Not Acceptable)			1	
UNIT					83				
	ES FL 34109				[2]				
WATL	E3 FL 34109				84 Cit	ty		85 Zip (Code
	40-N	4	207 4509 Florida Ctatus	ae tha s	povio-car	med com	poration submits this statement for the purpose of	f changing its	registered
						corporation	on's board of directors. I hereby accept the appo	intment as re	gistered
agent. I am	familiar with, and accept the obligati	io and	f, Section 607.0505, Flo	rida Stat	utes.				Ì
SIGNATURE _	lignature, typed or printed name of registered agent	and title	if annicable (NOTE	- Devistare	Acent sions	ature require	od when reinstating) DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TILE	President	,	□ DELETE	1.17	m e				
NAME				1.14		1		Change	Addition
	The Read along		_ OELETE	1.2 N				☐ Cuanĝe	LI Accepton (
, , , , , ,	Jon Karalekas		_ Delete	1.2 N		RESS		CI cusade	Aoodon (
STREET ADDRESS	Jon Karalekas			12 N 13 S	AME	RESS			
, , , , , ,	_same_		OELETE	12 N 13 S	AME TREET ADDR ITY-ST-ZIP	RESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	Same_ Vice president -			12 N 13 S 14 C	AME TREET ADDR ITY-ST-ZIP ITLE	RESS			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same_ Vice president -		OELETE	12 N 13 S 14 C 21 T 22 N 23 S 2.4 C	AME TREET ADDR ITY-ST-ZIP TILE AME TREET ADDR CTY-ST-ZIP TILE	RESS		Change	Addition
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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 certify 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, with all other like empowered.

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