

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S04376 (7)
1. Corporation Name
DISTRIBUTION-PLUS, INC.

FILED
97 AUG -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
730 WASHBURN ROAD
SUITE 1
MELBOURNE FL 32934-7335

Mailing Address
3615 AMERICAN DR
SUITE 1
MELBOURNE FL 32904
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3775 Hield Road Suite, Apt. #, etc. 22 Suite 1 City & State 23 Melbourne, Fl. Zip 24 32904	2a. Mailing Address 26 3775 Hield Road Suite, Apt. #, etc. 27 Suite 2 City & State 28 Melbourne, Fl. Zip 29 32904	3. Date Incorporated or Qualified 10/01/1990 3a. Date of Last Report 04/15/1996 4. FEI Number 59-3037011 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
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9. Name and Address of Current Registered Agent

HILMER, J. L.
3615 AMERICAN DRIVE
WEST MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name J. L. Hilmer 82 Street Address (P.O. Box Number is Not Acceptable) 3775 Hield Road 83 Suite 2 84 City Melbourne FL 85 Zip Code 32904

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 *J. L. Hilmer* J. L. Hilmer
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 7-18-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILMER, J. L. 3615 AMERICAN DR W. MELBOURNE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Hilmer, J.L. 3775 Hield Road Melbourne, Fl. 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002261984--1 -08/08/97--01106--014 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *J. L. Hilmer* J. L. Hilmer Pres.

7-18-97 407-724-9164

CR2E034 (4/97)

pg. 2

August 1, 1997
Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, Florida 32314
Letter number 897A00038257
Ref. Number S04376

As per our telephone call on August 1, 1997 I am returning my check in the amount of \$165.00 for my corporation-filing fee.

I mailed the original check in January of 97 and it was never cashed. After speaking with you on the phone you said I could just mail it back in. I received another letter saying I owed the late fee of \$385.00.

Thank you for your cooperation in this matter.

Jeff Hilmer
President
Distribution-Plus, Inc.