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

PROFIT
CORPORATION
ANNUAL REPORT
1998

Principal Place of Business 10120 ELIZABETH PLACE PO BOX 1134 TAMPA FL 33601



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 212679

(5)

C.G. SUAREZ DISTRIBUTING COMPANY, INC.

Mailing Address	
10120 ELIZABETH PL PO BOX 1134 TAMPA FL 33601	ACE DO NOT WRITE IN THIS SPACE
,	3. Date Incorporated or Qualified

FILED

Jan 23 1998 8:00am

Secretary of State

								_ 07/01/1958		
2.	Principal Place of Business	2a.	Mailing Address				4.	FEI Number		Applied For
21		26						59-0844182	Г	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				5.	. Certificate of Status Desired		75 Additional e Required
23	City & State	28	City & State				6.	Election Campalgn Financing Trust Fund Contribution		.00 May Be ded to Fees
24	Zip Country 25	29	Zip	30 C	ountry		8.	This corporation owes or has paid the Personal Property Tax due June 30.	e current yea	ar Intangible
9. Name and Address of Current Registered Agent						Name and Address of New Registered				
	DEAN,C W, SR				81	Name				
	10120 ELIZABETH PLACE P.O. BOX 1134				82	Street Addres	ss (F	P.O. Box Number is Not Acceptable)		
	TAMPA FL 33601				83					
					84	City			FL 85	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 Signature, typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE												
12.	OFFICERS AND DI		Registered Agent signature required when reinstaling) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO	J OFFICERS A	Change	Addition				
TITLE	DVP	DELETE					T ollanda	TT Maginoit				
NAME	DEAN, PAULINE S		1.2 NAME									
STREET ADDRESS	5 BAHAMA CIRCLE		1.3 STREET ADDRESS]								
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP									
TITLE	\$	DELETE	2.1 TITLE				K Change	Addition				
NAME	DEAN, C W JR.		2.2 NAME									
STREET ADDRESS	10609 CARROLBROOK LA		2.3 STREET ADDRESS.	10120	ELIZABETH PLA	CE						
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP	TAMPA	FL. 33619		-					
TITLE	D	DELETE	3,1 TITLE				X Change	Addition				
NAME	DEAN, C W JR.		3.2 NAME									
STREET ADDRESS	10609 CARROLBROOK LA		3.3 STREET ADDRESS	10120	ELIZABETH PLA	.CE						
CITY-ST-ZIP	TAMPA FL		3.4. CITY - ST - ZIP	TAMPA.	, FL. 33619							
TITLE	PD	DELETE	4.1 TITLE				☐ Change	☐ Addition				
NAME	DEAN, C.W.		4. 2 NAME									
STREET ADDRESS	5 BAHAMA CIRCLE		4.3 STREET ADDRESS									
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP									
TITLE	S	DELETE	5.1 TITLE				Change	☐ Addition				
NAME	MANTOOTH, EDDIE D.		5.2 NAME									
STREET ADDRESS	735 PEARL CIRCLE		5.3 STREET ADDRESS					1				
CITY - ST - ZIP	BRANDON FL		5.4 CITY-ST-ZIP									
TITLE		☐ DELETE	6.1 TITLE				Change	Addition				
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
0.75V CT 210			CACITY ST. TID	1								

14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ellinomatical RESTUBEMENTS 1.999

CR2E034 (10/97)