

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 276869 (5)
1. Corporation Name
PASKERT DISTRIBUTING COMPANY

Principal Place of Business
4707 TRANSPORT DR
TAMPA FL 33605
US

Mailing Address
PO BOX 77328
TAMPA FL 33675-2328
US

3. Date Incorporated or Qualified
12/27/1963

3a. Date of Last Report
04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1030327	Applied For Not Applicable
21. Suite, Apt. # etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

PASKERT, JAMES J.
208 DONATELLO DR
BRANDON FL 33511

10. Name and Address of New Registered Agent

81. Name
Paskert, James J.
82. Street Address (P.O. Box Number is Not Acceptable)
10202 Elbow Bend
83.
84. City
Riverview FL
85. Zip Code
33569

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PASKERT, JAMES	1.2 NAME	Paskert, James
STREET ADDRESS	208 DONATELLO DR.	1.3 STREET ADDRESS	10202 Elbow Bend
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	Riverview FL 33569
TITLE	TSD	2.1 TITLE	TSD
NAME	PASKERT, TOBEA V.	2.2 NAME	Paskert, Tobea V
STREET ADDRESS	208 DONATELLO DR.	2.3 STREET ADDRESS	10202 Elbow Bend
CITY-ST-ZIP	BRANDON, FL 00000	2.4 CITY-ST-ZIP	Riverview FL 33569
TITLE	V	3.1 TITLE	
NAME	GOMEZ, CANDIDO	3.2 NAME	
STREET ADDRESS	4770 BRITTANY DR S #16	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: 4-25-97 DAYTIME PHONE: 247-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR