

CORPORATION
ANNUAL REPORT
1997



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 439444

(1)

1. Corporation Name
LANTIQ DISTRIBUTORS INC.

FILED

97 DEC -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1580429	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 type="checkbox"/> Yes <input type="checkbox"/> No	

1. Place of Business 50 HIGHWAY AVE JACKSONVILLE FL 32254-3790	Mailing Address 4750 HIGHWAY AVE JACKSONVILLE FL 32254-3790 US
2. Principal Place of Business	2a. Mailing Address
3. Suite, Apt. #, etc.	3a. Suite, Apt. #, etc.
4. City & State	4a. City & State
5. Zip	5a. Zip
6. Country	6a. Country

9. Name and Address of Current Registered Agent WOOD, JULIAN C. 4750 HIGHWAY AVENUE JACKSONVILLE FL 32254	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	VP	NAME		HARGRAVES, JUDITH C		<input type="checkbox"/> DELETE	
STREET ADDRESS	14882 PLUMOSA DRIVE	CITY-ST-ZIP		JACKSONVILLE, FL 00000			
TITLE	P	NAME		WOOD, JULIAN C		<input type="checkbox"/> DELETE	
STREET ADDRESS	14890 PLUMOSA DR	CITY-ST-ZIP		JACKSONVILLE, FL 00000			
TITLE	S	NAME		SPEGAL, CATHY		<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS	4301 CONFEDERATE PT RD #101	CITY-ST-ZIP		JACKSONVILLE FL			
TITLE	VP	NAME		JOHNSON, MARY F.		<input type="checkbox"/> DELETE	
STREET ADDRESS	76 NAUGATUCK DR.	CITY-ST-ZIP		JACKSONVILLE FL			
TITLE		NAME				<input type="checkbox"/> DELETE	
STREET ADDRESS		CITY-ST-ZIP					
TITLE		NAME				<input type="checkbox"/> DELETE	
STREET ADDRESS		CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	P	1.2 NAME		HARGRAVES, J. CAROLYN		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP					
2.1 TITLE	S	2.2 NAME		WOOD, JULIAN C.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS	1733 N. 1ST ST.	2.4 CITY-ST-ZIP		JAX. BEACH, FL			
3.1 TITLE		3.2 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP					
4.1 TITLE		4.2 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP					
5.1 TITLE		5.2 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP					
6.1 TITLE		6.2 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP					

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. Carolyn Hargraves J. CAROLYN HARGRAVES
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # 0006565

Ice-O-Matic

U-Line

REMCOR

All Make
Water Filters 

**FEDDERS
WINDOW UNITS**

ATLANTIC DISTRIBUTORS, INC.

EVERPURE

CRYSTAL TIPS

Serving North Florida and South Georgia for 36 Years

4750 Highway Avenue, Jacksonville, FL 32254

(904) 387-1882 800-476-7003

FAX (904) 387-6217

BEVERAGE-AIR

**WHAT IS A
CUSTOMER?**

*A customer is the most
important person ever
in this office, either in
person or otherwise.*

*A customer is not
dependent on us. We
are dependent on him.*

*A customer is not an
interruption of our
work; he is the purpose
of it. We are not doing
him a favor by serving
him; he is doing us a
favor by giving us an
opportunity to do so.*

*A customer is not an
outsider to our business;
he is part of it,*

*A customer is a person
who brings us his wants.
It's our job to fill them
profitably - to him and
to ourselves.*

NOVEMBER 25, 1997

DEPARTMENT OF STATE
P.O. BOX 6392
TALLAHASSEE, FLORIDA

DEAR SIR,

ON APRIL 17, 1997 I SENT YOU THE ANNUAL REPORT FOR ATLANTIC DISTRIBUTORS, INC. AND ATLANTIC DIVISION OF EQUIPMENT LEASING, INC. WITH CHECKS ENCLOSED. ATLANTIC'S CHECK #34370 AND ATLANTIC LEASING CHECK #11880. I AM IN THE PROCESS OF CLOSING OUT THE PHYSICAL YEAR FOR ATLANTIC AND NOTICED NEITHER CHECK CLEARED THE BANK. I HAVE REISSUED BOTH CHECKS WHICH ARE ENCLOSED AND ALSO ENCLOSED REPORTS FOR EACH.

THANK YOU VERY MUCH! IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO GIVE ME A CALL. 904-387-1882

SINCERELY,

Carolyn Hargraves

CAROLYN HARGRAVES