

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

FILED
Mar 25 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 # **455986** (0)

1. Corporation Name
ARCO DISTRIBUTORS, INC.

Principal Place of Business
**2275 SW 66TH STREET/POB 290838
DAVIE FL 33329**

Mailing Address
**2275 SW 66TH STREET/POB 290838
DAVIE FL 33329-0838**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1974		3a. Date of Last Report 04/18/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1551285		Applied For Not Applicable	
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. <input type="checkbox"/>		29. <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**WILEN, BARRY ALAN
4801 SHERIDAN ST., STE 208
EMERALD HILLS EXECUTIVE PLAZA ONE
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 of person in charge of preparing and filing this application (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, DENNIS	1.2 NAME	
STREET ADDRESS	5752 SW 88TH TERR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, MICHAEL	2.2 NAME	
STREET ADDRESS	15100 WATERFORD DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, MORTON B	3.2 NAME	
STREET ADDRESS	2362 SW 70TH WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, MICHAEL B.	4.2 NAME	
STREET ADDRESS	740 NW 201 AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Michael Meyers* **Michael Meyers, Sec./Treas.** 3-19-97 954-473-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)