

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 480933 (1)
1. Corporation Name
CENTRAL FLORIDA DISTRIBUTING COMPANY, INC.

Principal Place of Business
1563 PINE AVE
HOLLY HILL FL 32117-2115

Mailing Address
~~1563 PINE AVE~~
~~HOLLY HILL FL 32117-2115~~

FILED

98 JUL 21 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 175 Perley Road		07/22/1975	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Franeestown, NH		59-1609035	
24 Country		29 03403		5. Certificate of Status Desired	
		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		CT Corporation System	
82 Street Address (P.O. Box Number is Not Acceptable)		1200 South Pine Island Road	
83			
84 City		Plantation	
85 Zip Code		FL 33324	

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]* SPECIAL ASST. SECRETARY
(NOTE: Registered Agent signature required when reinstating)
DATE: 7/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	WALSH, BERNARD W	1.2 NAME	
STREET ADDRESS	1563 PINE AVE	1.3 STREET ADDRESS	175 Perley Road
CITY-ST-ZIP	HOLLY HILL FL	1.4 CITY-ST-ZIP	Franeestown, NH 03043
TITLE	ST	2.1 TITLE	Change Addition
NAME	WALSH, CAROL C.	2.2 NAME	
STREET ADDRESS	1563 PINE AVE	2.3 STREET ADDRESS	175 Perley Road
CITY-ST-ZIP	HOLLY HILL FL	2.4 CITY-ST-ZIP	Franeestown, NH 03043
TITLE	PD	3.1 TITLE	Change Addition
NAME	CLARKE, THOMAS L.	3.2 NAME	
STREET ADDRESS	453 PALM AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Bernard W. Walsh
[Signature] 4/30/98

CR2E034 (10/97)