

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:48

DOCUMENT # 504914 (3)

1. Corporation Name

H I A DISTRIBUTORS, INC.

Principal Place of Business

**3801 NW 49 ST STE 1
TAMARAC FL 33309**

Mailing Address

**3801 NW 49 ST STE 2
TAMARAC FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/10/1976

3a. Date of Last Report

04/28/1994

4. FEI Number

59-1674918

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1941 SW 15 PLACE

2a. Mailing Address

26 1941 SW 15 PL

Suite, Apt. #, etc.

22 DEERFIELD BOH

Suite, Apt. #, etc.

27 DEERFIELD BOH, FL

City & State

23 DEERFIELD BOH, FL

City & State

28 DEERFIELD BOH, FL

Zip

24 33442

Country

25 US

Zip

29 33442

Country

30 US

9. Name and Address of Current Registered Agent

**ISON, HERBERT
3801 N.W. 49TH ST.
TAMARAC FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	ISON, HERBERT	3801 N.W. 49TH ST.	TAMARAC FL
STD	ISON, MURIEL	3801 N.W. 49TH ST.	TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT ISON 4/3/95 305-427-7679