

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **545271** (9)

1. Corporation Name  
**JULDAV DISTRIBUTORS, INC.**



Principal Place of Business  
**2120 MARJORY ST.  
 TAMPA FL 33606**

Mailing Address  
**1208 SOUTH HOWARD AVE  
 TAMPA FL 33606  
 US**

2. Principal Place of Business  
 21 State Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified: **09/15/1977**  
 3a. Date of Last Report: **02/16/1995**

4. FEI Number: **59-1766604**  
 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

9. Name and Address of Current Registered Agent  
**LAXER, BERNARD  
 1208 SOUTH HOWARD  
 TAMPA FL 33606**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when necessary.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAXER, BERNARD</b>	
STREET ADDRESS	<b>1208 SOUTH HOWARD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAXER, GERTRUDE</b>	
STREET ADDRESS	<b>1208 SOUTH HOWARD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<del><b>LAXER, DAVID</b></del>	<input type="checkbox"/> DELETE
NAME	<del><b>LAXER, DAVID</b></del>	
STREET ADDRESS	<del><b>907 S DAKOTA AVE</b></del>	
CITY-ST-ZIP	<del><b>TAMPA FL 33606</b></del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	<b>PD</b>	
32 NAME	<b>LAXER, DAVID</b>	
33 STREET ADDRESS	<b>907 S DAKOTA AVE</b>	
34 CITY-ST-ZIP	<b>TAMPA FL 33606</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Laxer* **DAVID LAXER** 6/20/96 #13/251-2421  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office #

CR2E034 (3/96)