

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 545314 (7)
1. Corporation Name
R & T DISTRIBUTORS, INC.



Principal Place of Business
6541 44TH ST N
8001-65
PINELLAS PK FL 34685
US

Mailing Address
PO BOX 20468
ST. PETERSBURG FL 33742
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/15/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1783055	
24 Country		30 Country		Applied For	
25		29		Not Applicable	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ROMANEK, HARVEY L. 750 ISLAND WAY #104 CLEARWATER FL 34630				<input type="checkbox"/> \$8.75 Additional Fee Required	
81 Name				6. Election Campaign Financing	
82 Street Address (P.O. Box Number is Not Acceptable)				<input type="checkbox"/> \$5.00 May Be Added to Fees	
83				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
84 City				<input type="checkbox"/> Yes <input type="checkbox"/> No	
85 Zip Code				10. Name and Address of New Registered Agent	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CHIEF EXECUTIVE OFFICER
NAME	ROMANEK, HARVEY L	1.2 NAME	
STREET ADDRESS	750 ISLANDWAY #104	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	PRESIDENT
NAME	MILLARD, STEVEN L	2.2 NAME	
STREET ADDRESS	9320 54TH WAY NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	
TITLE	SO	3.1 TITLE	
NAME	PERKINSON, BARBARA	3.2 NAME	
STREET ADDRESS	11085-100TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____ 4/29/98 813-525-7770

CR2E034 (10/97)