

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 546041 (5)

1. Corporation Name  
DEALER PRODUCTS DISTRIBUTING, INC.



Principal Place of Business  
10575-77 NW 53RD STREET  
SUNRISE FL 33351

Mailing Address  
10575-77 NW 53RD STREET  
SUNRISE FL 33351

3. Date Incorporated or Qualified 07/25/1977	3a. Date of Last Report 04/28/1995
4. FEI Number 59-1784971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	25
Country	Country
29	30

9. Name and Address of Current Registered Agent

KUSHNER, DAVID  
9084 NW 4TH STREET  
CORAL SPRINGS FL 33085  
*NEW ADDRESS  
940 CORAL RIDGE DR  
CORAL SPRINGS FLA  
33071*

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 or printed name of registered agent (if not the same person)

Signature of Registered Agent (if not the same person as the registered office)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
<input type="checkbox"/> DELETE	PST KUSHNER, DAVID
	9084 NW 4TH STREET
	CORAL SPRINGS FL 33085
	33071
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Kushner* 4/22/96 (954) 741-3701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)