

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **627465** (8)
1. Corporation Name
ANTHONY DISTRIBUTING COMPANY, INC.

Principal Place of Business Mailing Address
% 2900 E. 7TH AVENUE **% 2900 E. 7TH AVENUE**
TAMPA FL 33605 **TAMPA FL 33605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1710 W. KENNEDY BLVD. 22 Suite, Apt. #, etc. 23 TAMPA, FL 24 33606 25 U.S.A.		2a. Mailing Address 26 1710 W. KENNEDY BLVD. 27 Suite, Apt. #, etc. 28 TAMPA, FL 29 33606 30 U.S.A.		3. Date Incorporated or Qualified 06/26/1979	
		4. FEI Number 59-1957808		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ITALIANO, ANTHONY S., SR. 2900 E. SEVENTH AVE TAMPA FL 33605				10. Name and Address of New Registered Agent 81 Name SALVATORE A. ITALIANO 82 Street Address (P.O. Box Number is Not Acceptable) 1710 W. KENNEDY BLVD 83 84 City TAMPA FL 85 Zip Code 33606	

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 making with, and accept the obligations of Section 607.0505, Florida Statutes.
SIGNATURE *Salvatore A. Italiano* **SALVATORE A. ITALIANO, PRES.** **4/16/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	S, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITALIANO, ANTHONY S., SR.	1.2 NAME	ITALIANO, ANTHONY S., SR.
STREET ADDRESS	3413 BEACH DRIVE	1.3 STREET ADDRESS	1704 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33606
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITALIANO, SALVATORE A.	2.2 NAME	ITALIANO, SALVATORE A.
STREET ADDRESS	4912 BAY WAY PL.	2.3 STREET ADDRESS	1710 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33606
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without address.
SIGNATURE *Salvatore A. Italiano* **4/16/98** (813) **2511253**

CR2E034 (10/97)