

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

FILED
Apr 22 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 # 650223 (1)
1. Corporation Name
J.D.M. DISTRIBUTORS, INC.



Principal Place of Business
17NE 5TH ST
POMPANO. BCH. FL 33060

Mailing Address
P O BOX 1748
POMPANO. BCH. FL 33060
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 341 S.E. 6th Terrace Suite, Apt. #, etc. 22 City & State 23 Pompano Beach, Florida Zip 24 33060		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/04/1980	
25		28		4. FEI Number 59-1956118 Applied For Not Applicable	
25		28		5. Certificate of Status Desired \$8.75 Additional Fee Required	
25		28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
25		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLARK, LISA 341 SE 6TH TERR POMPANO BCH FL 33060				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				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 Lisa Clark, Lisa Clark 4-14-98
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	1.1 TITLE	
NAME	CLARK, JAMES D	1.2 NAME	
STREET ADDRESS	17 N.E. 5TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	CLARK, JAMES C	2.2 NAME	
STREET ADDRESS	17 N.E. 5TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE	AVD	3.1 TITLE	
NAME	CLARK, LISA	3.2 NAME	
STREET ADDRESS	17 N.E. 5TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	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 Lisa Clark, Lisa Clark 4-14-98 (954) 941-3754

CR2E034 (10/97)