**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 650223

J.D.M. D	ISTRIBUTORS, INC.					
Principal Place	of Business	Mailing Address				
341 SE 6TH TERRACE POMPANO. BCH. FL 33060 US		— <del>P. O. BOX 1748</del> — <del>POMPANO: BCH: FL 3306</del> 0 <del>-US</del> -		DO NOT WRITE IN THI	IS SPACE	
				3. Date Incorporated or Qualifed 01/04/1980		ļ
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Api	olied For
<b>─</b> '	ace of Busiless	Haw or 1th	JEER.	59-1956118	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	WELL.		\$8.75 A	
	m, 600.	27		5. Certificate of Status Desired	Fee Re	t
City & State	9	_City & State		6. Election Campaign Financing	\$5.00	May Re
23	-	28 Pampono Pre	~n.fL	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	
24	25	29 8 330603	io les	Personal Property Tax.		□No
2-7	9. Name and Address of Current		1	10. Name and Address of New Registere	d Agent	
			81 Name			
CLARK, LISA 341 SE 6TH TERR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
POM	PANO BCH FL 33060	•	83			
			84 City	F	85 Zip C	ode
11 Purcuant I	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its	registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.0505, Florid	thorized by the corporational da Statutes.	on's board or directors. I hereby accept the app	ointment as reg	gistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: F	norized by the corporation da Statutes. Registered Agent signature require	on's board or directors. I hereby accept the app	omunent as reg	Jistelea
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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, with all other like empowered.

**SIGNATURE:**