

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 650223

1. Corporation Name
J.D.M. DISTRIBUTORS, INC.



Principal Place of Business

Mailing Address

341 SE 6TH TERRACE
POMPANO, BCH. FL 33060
US

~~P O BOX 1748~~
~~POMPANO, BCH. FL 33060~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1980

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 341 S.E. 6th TERR

22 City & State

27 City & State
Pompano Beach, FL

23 Zip Country

28 Zip Country

24 25 29 30 33060 US

4. FEI Number

59-1956118

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, LISA
341 SE 6TH TERR
POMPANO BCH FL 33060

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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
NAME CLARK, JAMES D
STREET ADDRESS 17 N.E. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

DELETE

TITLE VSD
NAME CLARK, JAMES C
STREET ADDRESS 17 N.E. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

DELETE

TITLE AVD
NAME CLARK, LISA
STREET ADDRESS 17 N.E. 5TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33060

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

DISCONTINUED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

(954) 941-3234

Daytime Phone #

CR2E034 (11/98)