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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	S SET TEST	DIVISION OF CORPORATIONS					
DOCU 1. Corporatio	ME:NT #	665869	(4)					
•	l distributoi	AS, INC.	. ,					
Principal Place	e of Business	Ma	ing Address		I LABATA DALID ESTER GEART FOLID E		Digit Hilli	OLDER BIRNI BYRNI (1884
	POWERLINE RD. D BEACH FL 33069		1511 N. POWERLINI POMPANO BEACH I		ļ			
A D: : : : : :					3. Date Incorporated or Qualified 04/04/1980		e of Last 06/14/	
z. Principal Pl	lace of Business	2a. 26	Mailing Address		4. FEI Number			Applied For
Suite, Apt.	#, etc		Suite, Apt. #, etc.		59-1990346			Not Applicable
22		27			5. Certificate of Status Desired			5 Additional e Required
City & State	e	1	City & State		6. Election Campaign Financing			00 May Be
Zip	Cou	intry 28	Zipi		Trust Fund Contribution		Add	led to Fees
24	25	29		Country 30	8. This corporation has liability for i	intangible ta No	x under	s 199.032,
	9. Name and Ad	dress of Current Registe	ered Agent	1001	10. Name and Address of New R		Agent	
				81 Name		-	190111	
	ER, PHILIP G.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	ie 207H St. Nuderdale FL 33	.000			- Toologias			
ri. LA	NODERDALE FL 33	009		83				
				84 City			85 Z	Zip Code
11. Pursuant t	o the provisions of Se	ections 607.0502 and 607.	1508, Florida Statute	s, the above-named como	ration submits this statement for the purp	<u>FL</u>		·
or registeri familiar wit	ed agent, or both, in t th, anc accept the ob	the State of Florida. Such o ligations of, Section 607.08	change was authorize	ed by the corporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	ontment as	nging its registere	registered office d agent. I am
SIGNATURE								
12.	Signature typed or printed na	one of registered agent and title it app		E. Registered Agent signature require		DATE		
Title	j>	OFFICERS AND DIRECT	DELETE	13.	ADDITIONS/CHANGES TO OFFI			
NAME	FURBER, PHI	LIP	L) beccie	1. 1 TITLE 1.2 NAME] Change	Addition
STREET ADDRESS	2340 NE 20T	H ST.		1.3 STREET ADDRESS				
CITY-S1-ZIP	FT. LAUDERD	ALE FL		1.4 CiTY - ST - ZiP				
TITLE			☐ DELETE	2. 1 TITLE			Change	Addition
NAME				2.2 NAME				•
STREET ADORESS CITY-ST-ZIP				2 3 STREET ADDRESS				
TITLE	·		□ DELETE	2.4 CITY - ST - ZIP 3. 1 TITLE		<u>_</u>		
NAME			occen	3.2 NAME		L.,] Change	☐ Addition
STREET ADDRESS				3.3 STREET ADDRESS				
CITY - ST - ZIP				3 4 CITY-ST-ZIP				
TITLE			DELETE	4.1 TITLE			Change	☐ Addition
NAME				4.2 NAME				
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS				
TITLE			DELETE	44 CITY-ST-ZIP 5 1 TITLE				
IAME				5 2 NAME		L) Change	☐ Addition
STREET ADDRESS				5 3 STREET ADDRESS				
CITY-ST-ZIP				5 4 CITY-ST-ZIP				
ITLE			DELETE	6 1 TITLE			Change	Addition
IAME				62 NAME		_	=	
TREET ADDRESS				6.3 STREET ADDRESS				į
4. I do hereby	certify that the inform	ation supplied with this file	na je voluntarilu 6 mili	6.4 CITY-ST-ZIP	or the exemption stated in Section 119.07			
oath; that I a	am an officer or direc	ed on this annual report of tor of the corporation or the if changed, or on an attact	e receiver or trustee	empowered to even to this	or the exemption stated in Section 119.07 ie and that my signature shall have the se report as required by Chapter 607, Flori	r(3)(k), Florid ame legal el ida Statutes	Ja Statut fect as if ;; and tha	es. I further made under at my name

SIGNATURE::

IGNATION THEO OR PRINTED NAME OF SIGNIMA OFFICER OF OIRECTOR PG. F. N. S. W. 423/46 (954)979-1200