

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **686429** (2)

1. Corporation Name
SURLES AND SONS DISTRIBUTORS, INC.

Principal Place of Business
**C/O LEONARD L. SURLES, JR.
313 SE 2ND AVE
DELRAY BEACH FL 33483-4401**

Main Address
**C/O LEONARD L. SURLES, JR.
313 SE 2ND AVE
DELRAY BEACH FL 33483-4401**



21	2. Principal Place of Business	2a	Main Address
22	Subs. Apt. #, etc.	26	Subs. Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

9. Name and Address of Current Registered Agent

**SURLES, LEONARD L JR
313 SE 2ND AVE
DELRAY BEACH FL**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City		

11. Pursuant to the provisions of Sections 607.0102 and 607.1504, 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 607.0102, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/>	DELETE
NAME	SURLES, LEONARD L, JR		
STREET ADDRESS	313 SE 2ND AVE		
CITY- ST- ZIP	DELRAY BEACH, FL 00000		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1. NAME				
1.1 STREET ADDRESS				
1.2 CITY- ST- ZIP				
2. NAME	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.1 STREET ADDRESS				
2.2 CITY- ST- ZIP				
3. NAME	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.1 STREET ADDRESS				
3.2 CITY- ST- ZIP				
4. NAME	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.1 STREET ADDRESS				
4.2 CITY- ST- ZIP				
5. NAME	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.1 STREET ADDRESS				
5.2 CITY- ST- ZIP				
6. NAME	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
6.1 STREET ADDRESS				
6.2 CITY- ST- ZIP				
7. NAME	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
7.1 STREET ADDRESS				
7.2 CITY- ST- ZIP				

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct, 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 partnership or trust or other entity authorized to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or corrected name with a checkmark.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4-26-96 407-278-9995

CR2E034 (12/95)