

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

FILED
Jan 15 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 # 816378 (4)
1. Corporation Name
NATIONAL DISTRIBUTING COMPANY INC



Principal Place of Business Mailing Address
ONE NATIONAL DRIVE, S.W.
P.O. BOX 44127
ATLANTA GA 30336
ONE NATIONAL DRIVE, S.W.
P.O. BOX 44127
ATLANTA GA 30336

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/28/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		58-0516238	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				Trust Fund Contribution	
				Yes No	

9. Name and Address of Current Registered Agent

FISHER, GERARD
441 S W 12TH AVENUE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

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

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	CD	1.1 TITLE	
NAME	CARLOS, MICHAEL C	1.2 NAME	
STREET ADDRESS	ONE NATIONAL DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	CARLOS, ANDREW C.	2.2 NAME	
STREET ADDRESS	ONE NATIONAL DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	SELWYN, HERMAN	3.2 NAME	
STREET ADDRESS	3316 PERKINS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUGUSTA GA	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	
NAME	DAVIS, JAY M	4.2 NAME	
STREET ADDRESS	ONE NATIONAL DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	
NAME	ROSENBERG, HERBERT J. III	5.2 NAME	
STREET ADDRESS	ONE NATIONAL DRIVE SW	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	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:

Andrew C. Carlos

1-5-98 404-696-9440

CR2E034 (10/97)