

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

FILED
May 19 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 # F25016 (9)
1. Corporation Name
EMPIRE DISTRIBUTOR, INC.

Principal Place of Business
4320 BUSINESS PARK COURT, SW
SUITE A
LILBURN GA 30047

Mailing Address
P.O. BOX 969
LILBURN GA 30048



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		03/12/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2080533	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, MATHEW
1714 MAHAN CTR BLVD
TALLAHASSEE FL 32308

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

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: (print 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	P	1.1 TITLE	
NAME	OLK, SUSAN K	1.2 NAME	
STREET ADDRESS	2836 S.W. 13TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL 33442	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME	OLK, VIRGINIA D.	2.2 NAME	
STREET ADDRESS	2836 S.W. 13TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL 33442	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	
NAME	BARRY, KAREN M.	3.2 NAME	
STREET ADDRESS	2525 ALPINE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30136	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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

Karen Barry 4/30/98 470 191 3575

CR2E034 (10/97)