

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/1/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 JUN 20 1:10:58

DOCUMENT # F93000001373 (0)

1. Corporation Name
HURWITZ DISTRIBUTING COMPANY, INC.

Principal Place of Business Mailing Address
P. O. BOX 4280 P. O. BOX 4280
SAN RAFAEL CA 9413-4280 SAN RAFAEL CA 9413-4280

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		03/12/1993	10/13/1994
22 City & State		28 City & State		4. FEI Number	Applied For
23 Zip		29 Zip		60-0014464	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 194(3)(F) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITTLES, LESLIE C 351 S. CYPRESS RD., #408 POMPANO BEACH FL 33060				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	VM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURWITZ, ALLAN R	1.2 NAME	WHITTLES, LESLIE C
STREET ADDRESS	60 GALLI DR., SUITE A	1.3 STREET ADDRESS	351 S. CYPRESS RD. # 408
CITY - ST - ZIP	NOVATO CA 94949-5713	1.4 CITY - ST - ZIP	POMPANO BEACH, FL 33060
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULPEPPER, LARRY	2.2 NAME	
STREET ADDRESS	60 GALLI DR., SUITE A	2.3 STREET ADDRESS	
CITY - ST - ZIP	NOVATO CA 94949-5713	2.4 CITY - ST - ZIP	
TITLE	SVCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURWITZ, CAROL	3.2 NAME	
STREET ADDRESS	60 GALLI DR., SUITE A	3.3 STREET ADDRESS	
CITY - ST - ZIP	NOVATO CA 94949-5713	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, DAN	4.2 NAME	
STREET ADDRESS	60 GALLI DR., SUITE A	4.3 STREET ADDRESS	
CITY - ST - ZIP	NOVATO CA 94949-5713	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, attached, or on an attachment with an address.

SIGNATURE: ALLAN R. HURWITZ Date: 6/13/95 415-983-3800

CR2E034 (3/95)