

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

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000001649 (3)**

1. Corporation Name

**FINE DISTRIBUTING, INC.**

Principal Place of Business

**3225 MERIDIAN PARKWAY  
FORT LAUDERDALE FL 33331  
US**

Mailing Address

**3225 MERIDIAN PARKWAY  
FORT LAUDERDALE FL 33331  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/02/1993**

4. FEI Number

**65-0398840**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

TITLE **PCD** ☐ DELETE

NAME **GUNDLING, DAVID**  
STREET ADDRESS **C/O 400 LYSER AVE.**  
CITY-ST-ZIP **SADDLE BROOK NJ 07662**

TITLE **STD** ☒ DELETE

NAME **GUNNING, STEPHEN**  
STREET ADDRESS **C/O 400 LYSER AVE**  
CITY-ST-ZIP **SADDLE BROOK NJ 07662**

TITLE **P** ☒ DELETE

NAME **GARABEDIAN, ALEX**  
STREET ADDRESS **C/O 3225 MERIDIAN PKWY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33331**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **100 Galleria Parkway, Suite 1120**  
1.4 CITY-ST-ZIP **Atlanta GA 30339**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Mielli, Joseph S**  
2.3 STREET ADDRESS **100 Galleria Parkway, Suite 1120**  
2.4 CITY-ST-ZIP **Atlanta GA 30339**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Trimarche, Richard**  
3.3 STREET ADDRESS **3225 Meridian Pkwy**  
3.4 CITY-ST-ZIP **Fort Lauderdale FL 33331**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

1/21/98 (954) 384-8005

CR2E034 (10/97)