

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006131 (6)

1. Corporation Name

CDS DISTRIBUTION, INC.



Principal Place of Business

Mailing Address

**3 IMPERIAL PROMENADE
SANTA ANA CA 92707**

**3 IMPERIAL PROMENADE
SANTA ANA CA 92707**

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

3. Date Incorporated or Qualified

12/01/1994

3a. Date of Last Report

08/25/1995

4. FEI Number

33-0550180

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**FAIMAN, JOHN
6100 HOLLYWOOD BLVD.
7TH FLOOR
HOLLYWOOD FL 33024**

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 ☐ DELETE

NAME **CD**
STREET ADDRESS **CLARK, HAROLD L**
CITY-ST-ZIP **30782 LA BRISE**
LAGUNA NIGUEL CA

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **WERNER, MARC L**
CITY-ST-ZIP **93 WERNER ROAD**
GREENVILLE PA

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **WERNER, ERIC J**
CITY-ST-ZIP **93 WERNER ROAD**
GREENVILLE PA

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BECKETT, BOB**
CITY-ST-ZIP **425 PRIVET ROAD**
HORSHAM PA

TITLE ☒ DELETE

NAME **VST**
STREET ADDRESS **HOLMES, STEPHEN G**
CITY-ST-ZIP **31595 BLUFFS DRIVE**
LAGUNA BEACH CA

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **PEIZER, TERREN S**
CITY-ST-ZIP **11100 SANTA MONICA BLVD., STE 2000**
LOS ANGELES CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

NAME **D**
STREET ADDRESS **HAROLD L. CLARK**
CITY-ST-ZIP **30782 LA BRISE**
LAGUNA NIGUEL, CA 92677

2. 1 TITLE ☒ Change ☐ Addition

NAME **D**
STREET ADDRESS **MARC L. WERNER**
CITY-ST-ZIP **93 WERNER ROAD**
GREENVILLE, PA

3. 1 TITLE ☐ Change ☒ Addition

NAME **CD**
STREET ADDRESS **D. STEPHEN DEWINDT**
CITY-ST-ZIP **2 SHELTON COVE**
LAGUNA NIGUEL, CA 92677

4. 1 TITLE ☒ Change ☐ Addition

NAME **DV**
STREET ADDRESS **BOB BECKETT**
CITY-ST-ZIP **425 PRIVET ROAD**
HORSHAM, PA

5. 1 TITLE ☐ Change ☒ Addition

NAME **BP**
STREET ADDRESS **MARK MULFORD**
CITY-ST-ZIP **9 EMBRALD GLGN**
LAGUNA NIGUEL, CA 92677

6. 1 TITLE ☐ Change ☒ Addition

NAME **DVST**
STREET ADDRESS **HOLGER HEIMS**
CITY-ST-ZIP **55 MONARCH BAY**
MONARCH BEACH, CA 92629

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)