

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005089 (5)

1. Corporation Name  
RNK DISTRIBUTORS, INC.



Principal Place of Business 3325 GRIFFIN ROAD #205 FORT LAUDEDALE FL 33312	Mailing Address 3325 GRIFFIN ROAD #205 FORT LAUDEDALE FL 33312-5500
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3. Date Incorporated or Qualified 10/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <del>52-1993153</del> 52-1993153 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	1941 SW 36TH AVE	1.2 NAME	
CITY - ST - ZIP	FT LAUDERDALE FL 33312	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS		2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS		3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Daytime Phone #

0270681

CR2E034 (9/96)