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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000003526 (7)

A C C U - M A R K DISTRIBUTING, INC.

Principal Place of Business Mailing Address

## **FILED** Jan 15 1998 8:00am Secretary of State



94 CALLE ENSUENO MARATHON FL 33050		94 CALLE ENSUENO MARATHON FL 33050		DO NOT WRITE IN THI	IS SP'ACE
				3. Date Incorporated or Qualified 07/08/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 31-1515533	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Confidence of status Dustreo	Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Registered Agent	. <b>61</b> Name	10. Name and Address of New Registere	d Agent
MCCARTY, PATRICK W			. Name		and the control of th
94 CALLE ENSUENO MARATHON FL 33050			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
441	AIRTHORY L 30030		63		
			84 City		■ 85 Zip Code
	and the second s			<u></u>	<u>L</u>
office or re	o the provisions of Sections 607.050 g <b>istered agent, or b</b> oth, in the State n <b>familiar with, and a</b> ccept the oblig.	of Horida, Such change wa	is authorized by the corpo	orporation submits this statement for the purpose ration's board of directors. Thereby accept the a	of changing its registered ppointment as registered
SIGNATURE					
	Signature, typed or printed namic of registered ago OFFICERS AN		IOTE Registered Agent signature re-	quired where reinslating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. TITLE	P	DELLIE	1.1 THLE	ADDITIONS/CHANGES TO OFFICENS A	Change Addition
NAME	MCCARTY, PATRICK W	_	1.2 NAME		v
STREET ADDRESS	94 CALLE ENSUENO		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY - ST - ZIP		
TITLE	S	DULFTE	2.1 HILE		Change Addition
NAME	MCCARTY, JENNIE		2.2 NAME		
STREET ADDRESS	94 CALLE ENSUENO MARATHON FL 33050		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MATATTON PL 33030	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Thurst.	4.4 City St- ZIP		Change Addition
TITLE NAME		LJ DELETE	5.1 TITLE		Change Addition
STREET ADDRESS	•		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET AUURESS 5.4 CITY - ST- 7IP		
TITLE		DELETE	61 11111		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 7/P		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.