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PROFIT CORPORATION ANNUAL REPORT. 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000002539 1. Corporation Name

ARCHER DISTRIBUTORS INC.

Dainein al Olasa	of Dunings

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90051 042 ***150.00

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Principal Place	e of Business	Mailing Address				- 3 1000/1000 4130 101004 10111 80111 80211 90117 00) (11(0 10)) (00)	
10690 MAPLE CHASE DRIVE BOCA RATON FL 33498 10690 MAPLE CHASE DRIVE BOCA RATON FL 33498		✓			DO NOT WRITE IN TH	IIS SPACE			
						3. Date Incorporated or Qualifed			
						05/04/1998			
2. Principal P	lace of Business	2a. Mailing Address		5.1	• .	4. FEI Number	Ar	oplied For	
21 4	3	26	ريت	<u> </u>	بستستهت	11-2762770		ot Applicable	
Suite, Am.	# etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired	
City & Stat	8	City & State			ا مان ماند	6: Election Campaign Financing	•	May Be to Fees	
23	Country	Zip	Cour	ntry		8. This corporation owes the current year			
24 - 35.53	25 757	29 - 30	0 4	<i>.</i>	* **.	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren					10. Name and Address of New Register	∌d Agent		
				81	Name	•		Í	
	BERGER, PAUL 10690 MAPLE CHASE DRIVE			82	Street Addre	ass (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33498		-	83			·		
500			L		1	·			
				84	City		L 85 Zip	Code	
office or r	to the provisions of Sections 607.050, egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was auth	nonzea	DV I	ne comoratioi	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	
- CICHTONE	Signature, typed or printed name of registered agen		i	Agent	signature required				3
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12 Addition	
TITLE	CPT	☐ DELETE	1.1 7171						
NAME	BERGER, PAUL N		1.2 NAJ		4DDD500				
STREET ADDRESS	10690 MAPLE CHASE DRIVE		1		ADDRESS			1	, i
CITY-ST-ZIP	BOCA RATON FL 33498	☐ DELETE	1.4 CIT		-212		☐ Change	Addition	
TITLE	VCVS	- Dettere	2.2 NA					_	
NAME	BERGER, BARBARA J			TAIL				I	
STREET ADDRESS	10690 MAPLE CHASE DRIVE		2 2 CT	DEET					
CITY-ST-ZIP - TITLE -					ADDRESS .				
NAME	BOCA RATON FL 33498	DELETE	2. 4 CI	TY-SI	Ì		☐ Change	Addition	_
	BUCA HATUN FL 33496	DELETE		TY-ST LE	Ì		Change_	☐ Addition.	_
		DELETE	2.4 CI 3.1.TITI 3.2 NA	TY-ST LE ME	r-ZiP		Change_	☐ Addition	_
STREET ADDRESS		.:. DELETE	2. 4 CFT 3.1.TITT 3.2 NAI 3.3 STF	TY-ST LE ME REET	ADORESS	ر از	Change_	Addition	_
CITY-ST-ZIP		DELETE	2.4 CI 3.1.TITI 3.2 NA	TY-SI LE ME REET TY-SI	ADORESS		☐,Change	Addition	_
CITY-ST-ZIP			2.4 CIT 3.1.TITT 3.2 NA/ 3.3 STF 3.4. CIT	TY-ST LE ME REET TY-ST LE	ADORESS				
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE DELETE	2. 4 CM 3.1.TITM 3.2 NA/ 3.3 STF 3.4. CM 4.1 TITM 4.2 NA/ 4.3 STF 4.4 CM 5.1 TITM 5.2 NA/ 5.3 STT 5.4 CM	TY-SI LE REET TY-SI LE REET TY-SI LE ME REET TY-ST REET TY-ST	ADDRESS ADDRESS -ZIP ADDRESS ADDRESS		☐ Change	Addition	.
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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 of 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 on an appear with an address, with all other like empowered.

SIGNATURE: