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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G08207

(4)

FLORIDA STATE DISTRIBUTORS, INC.

FILED Feb 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					£ 1884111 BB11 ##181 5845 11811 88411 481	ir aikti kikil fi	. (I #4# #2#1# #7#1)	Bill 1881
4801 S.W. 34T ORLANDO FL	H STREET. STE 102 32811	STE 102						
					3. Date Incorporated or Qualified 11/15/1982	Oualified		
2. Principal f 21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2235705	[[ripping : et		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		CO 75 (Name)		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be Added to Fees			
Zip Country		ZIP Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9, Name and Address of Currer	29	30]		Florida Statutes 10. Name and Address of New R			
NE		it Hegisteren Agent	8	1 Name	10. Name and Address of New F	afistalati v	Meur	
NEAF, ARTHUR O. 8739 LOST COVE DRIVE			8		ddress (P.O. Box Number is Not Acceptable)			
UH	LANDO FL 32819		8	3				· · · · · · · · · · · · · · · · · · ·
			8	4 City		FL	85 Zip (Code
44 Character	to the experience of Protions 607.06/	12 and CO7 1509 Clarida Ctat.	itos the abo	us pomed sor	poration submits this statement for the ation's board of directors. I hereby acce		i	to registered
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and tice it applicable INC DIDIRECTORS	TE: Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	RS IN 12
DILE	P	☐ DELETE	1.1 TITLE				Change	Addition
NAME	NEAF, ARTHUR O.	•	1.2 NAM					
STREET ADORESS	8739 LOST COVE DRIVE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	-	
TITLE	VS NEAE MADY I	[] DELETE	2.1 TifLE				Change	Addition
NAME.	NEAF, MARY L. 8739 LOST COVE DRIVE		2.2 NAM					
STREET ADDRESS	ORLANDO FL			ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	-S'-ZIP		···	Change	Addition
NAME		Broads - com/s	3.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY - S1 - ZIP			3.4. C/TY	- S1 - ZIP	77711			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	IE				
STREET ADDRESS			4.3 \$TRE	et address				
CITY -SI - ZI [‡]		T prices	4.4 CITY				T C	<u> </u>
TITLE		☐ DELETÉ	5.1 TITLE	1			Change	Addition
NAME			5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIF		DELETE	5.4 CITY				Change	Addition
TITLE			6.1 TITLE				La Unange	
NAME exoces annivere			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY - ST-2IP			6.4 CITY	-\$I-ZIP				

14. Too 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER PR DIRECTOR

Art Neaf

2/11/97

407-841-8344

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