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

FILED Jan 28 1998 8:00am Secretary of State

	MENT # G0820 DA STATE DISTRIBUTORS	` '				<u> </u>
Principal Place	e of Business	Mailing Address				81011 01011 31011 81011 01011 1001
4601 S.W. 34TH STREET. STE 102 4601 S.W. 34TH STREET. STE 102						
ORLANDO FL 32811 ORLANDO FL 32811					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	115 SPACE
					11/15/1982	
2. Principal Pi	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21	26				59-2235705	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Octanodis of Status Dosiled	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Coun	try	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		11 Name	10. Name and Address of New Register	ed Agent
	AF, ARTHUR O.		Ľ	Name		
8739 LOST COVE DRIVE ORLANDO FL 32819				Street Add	Iress (P.O. Box Number is Not Acceptable)	
•			ε	33		
			6	14 City		. 85 Zip Code
		no longuisto filia o				L
office or re agent. I er	to the provisions of Sections 607.05 agistered agent, or both, in the Station in familiar with, and accept the oblic	uz and 607.1508, Florida Statut a of Florida. Such change was gations of, Section 607.0 <mark>505, F</mark> l	es, the abo authorized orida Statul	ove-named corpora by the corpora les.	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE			F 5			
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	13.	Agent signature requ	ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	N
TITLE	P	DELETE	1.1 1111		ASSITION OF THE PROPERTY OF TH	Change Addition
NAME	NEAF, ARTHUR O.	1.2 N		E		2
STREET ADDRESS			1.3 STRE	ET ADDRESS		5
CITY-ST-ZIP	ORLANDO FL			-ST-ZIP		
TITLE	V\$	DELETE	2.1 TITL	E		Change Addition
NAME	NEAF, MARY L.			i		
STREET ADDRESS	8739 LOST COVE DRIVE			EL1 ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL			2. 4 CITY - ST - 2IP 3.1 TITLE Change Addit		Change Addition
NAME			3.1 111C			C outside (T) varieting
STREET ADDRESS			i	E1 ADDRESS		
CITY-ST-ZIP			1	r-ST-ZIP		
TITLE		DELETE	41 TITLE			Change Addition
NAME			4 2 NAM	AE .		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 City	- ST - ZIP		
TITLE	DELETE 5.1 TI		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CHY			Change Addition
NAME		נייו הנרכונ	6.1 TITLE 6.2 NAM			Change Addition
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			6.4 CITY			
	ertify that the information supplied v	vith this filing does not qualify fo			Section 119.07(3)(i), Florida Statutes. I further	r 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.

ART NEAF/PRESIDENT

01/16/98

/(407)841-8344