

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G20272** (2)

1. Corporation Name

DISTRIBUTED INNOVATIONS, INC.



Principal Place of Business

**4119 N SR 7
STE 7012
FT LAUDERDALE FL 33319
US**

Mailing Address

**1330 N.W. 44TH COURT
C/O LAWRENCE E. ERMER
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**ERMER, LAWRENCE E.
1330 NORTHWEST 44TH COURT
FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

01/25/1983

3a. Date of Last Report

03/14/1995

4. FEI Number

65-0124140

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 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

Signature of person or persons designated to act as the registered agent

Signature of Registered Agent (Signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.2 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.3 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.4 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.5 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

12.6 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

13.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lawrence E. Ermer President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

(954) 938-7007

Date

Display Phone #

CR2E034 (12/95)