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 # G20272

(2)

DISTRIBUTED INNOVATIONS, INC.

FILED Mar 04 1997 8:00am Secretary of State

		1221 - 1111 1 2871	BROM EKRAI JAI

minopal made of business			Maining Address									
STE 70	n SR 7 D12 Uderdale fl	33319	1330 N.W. 44TI C/O LAWRENC FT. LAUDERDA	e e. ermer	26							
US			THE COURT OF THE C				3.	3. Date Incorporated or Qualified 01/25/1983 02/20/1996				
2. Prir	icipal Place o	f Business	2a. Mailing Add	dress			4.	FEI Numt 65-01				Applied For Not Applicable
	te Apt # etc	THE RESERVE OF THE PROPERTY OF	Suite. Apt.	#, etc.					······································			Additional
22		27				5.	Certificate	e of Status Desired			Required	
City	/ & State		City & State)			6.	Election C	ampaign Financing		\$5.0	O May Be
23		and the contract of the contra	28					Trust Fund Contribution				
Ζφ 24		Country 2:p 25 29		30	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \text{\text{No}} \text{No}				
	9.	Name and Address of Current	Registered Agent				10.	Name an	d Address of New Re	gistered A	gent	
		LAWRENCE E.			81	Name						
		rthwest 44th Court			82 Street Address (P.O. Box Number is Not Acceptable)							
	FORT LA	UDERDALE FL 33309			-							
					83							i
					84	City					65 Zi	p Code
44 6		60.000		Sala District	h				Main	FL	<u> </u>	
o!	fice or registe	provisions of Sections 607.0502 red agent, or both, in the State	of Florida. Such cha	ange was author	orized by	the corp	corporatio poration's b	on supmits coard of di	inis statement for the p rectors. I hereby accep	ourpose or of the appo	cnanging pintment a	s registered
ag	gent I am fam	illiar with, and accept the obliga	lions of, Section 60	7.0505, Florida	Statutes	3 .						
SIGNA	ATURE Salahi	is 17,0 ed or perced hanc of registored ager	Land little of scot-cable	(NOTE: Box	aistered Age	ol sippature	required when	reinstating)		DATE		
12.		OFFICERS AND		1	13,				S/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	PS	1		DELETE	1,1 TITLE						Change	e Addition
NAME		MER, LAWRENCE E.			1.2 NAME							
STREET A		30 NW 44TH CT			1.3 STREET	ADDRESS						
CITY-S1		LAUD, FL 00000		···	1.4 CITY - S	T-21P	FI	aug	FL 3330	99		
THLE	D		L	DELETE	2.1 TITLE			'	•	,	Change	e 🔲 Addition
NAME		MER, REBECCA LARSEN			2.2 NAME	ŀ						
STREET #	-	30 NW 44TH COURT			2.3 STREET		سيسه	(.a	G 2022	NG.		
CITY-ST	-71P - -17-4 i	LAUDERDALE FL		DELETE	2. 4 CITY-	ST-ZiP	# [MHWC.	, FL 3330	<u> </u>	Change	e Addition
TITLE NAME			<u></u> J	OLCETE	3.1 TITLE 3.2 NAME						FT CHANG	e FTT Womingly
STREET #	unnesss.				3.2 NAME	AUUBree						
CITY-SI					3.4. CITY-5							
TITLE	- 241			DELETE	4.1 TITLE	21 ° 617			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Change	e L Addition
NAME					4. 2 NAME							
STREEL #	ADDRESS.				4.3 STREET	ADDRESS						
CITY-ST	- ZIP				4.4 CITY - S							
TITLE				DELETE	51 TITLE						Chang	e 🔲 Addition
NAME					5.2 NAME							
STREET #	ADDRESS				5.3 STREET	ADDRESS						
CITY-ST	- ZIP	The state of the second control of the second secon			5.4 CITY-S	1 - 210		·····			,	_
THLE				DELETE	6.1 TITLE						Chang	e 🔲 Addition
NAME					6.2 NAME							
STREET	1				6.3 STREET							
City - St	ZIP	. ^^			6.4 CITY - S	T-ZIP						

14. I do hereby certify that the information supplied with this filling 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 port of 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 composation 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 for on an attactment with an address.

SIGNATURE: