

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

FILED

Jan 28 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # G82946 (6)
1. Corporation Name
DOUBLE EAGLE DISTRIBUTING, INC.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % PERCY J. ORTHWEIN II 50 LOCK ROAD DEERFIELD BEACH FL 33442 | % PERCY J. ORTHWEIN II 50 LOCK ROAD DEERFIELD BEACH FL 33442 |



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----|---------------------|---------|---|-----|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/02/1984 | |
| 21 | | 26 | | 4. FEI Number 59-2365790 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | | 28 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | Zip | 25 | Country | 29 | Zip |
| 24 | | 25 | | 29 | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| ORTHWEIN, PERCY J., II 50 LOCK RD. DEERFIELD BEACH FL 33441 | | 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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|-------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | DP | 1.1 TITLE | |
| NAME | ORTHWEIN, JAMES B., JR. | 1.2 NAME | |
| STREET ADDRESS | 3560 POLO DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFSTREAM FL | 1.4 CITY-ST-ZIP | |
| TITLE | VST | 2.1 TITLE | |
| NAME | ORTHWEIN, PERCY J. II | 2.2 NAME | |
| STREET ADDRESS | 543 PALM WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULFSTREAM FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | |
| NAME | HORSFALL, JOSEPH | 3.2 NAME | |
| STREET ADDRESS | 6051 NW 68TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PARKLAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 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:

Joseph Horsfall JOSEPH HORSFALL 1/7/98 (954) 426-2970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0336279

CR2E034 (10/97)