

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

FILED

Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H34920

(9)

1. Corporation Name  
PBE JOBBERS WAREHOUSE, INC.

Principal Place of Business

6529 SOUTHERN BLVD., SUITES 1-7  
6525 SOUTHERN BLVD #4  
WEST PALM BCH FL 33413  
US

Mailing Address

6529 SOUTHERN BLVD., SUITES 1-7  
W. PALM BEACH FL 33413-1721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6525 Southern Blvd		26 6525 Southern Blvd		01/01/1985	
22 Suite, Apt., etc. #4		27 Suite, Apt., etc. #4		4. FEI Number	
23 City & State		28 City & State		59-2487865	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

9. Name and Address of Current Registered Agent

VARNER, DEWEY H., ATTY AT LAW  
2801 TENTH AVENUE NORTH  
LAKE WORTH FL 33481

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 607.0502 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	PT	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HANSEN, CHARLES F. JR.	1.2 NAME	
STREET ADDRESS	9278 PERTH RD.	1.3 STREET ADDRESS	 Charles F. Hansen Jr. 6525 Southern Blvd Ste 4 West Palm Bch, FL 33413-1720
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HANSEN, JUDENE A.	2.2 NAME	
STREET ADDRESS	6525 SOUTHERN BLVD #4	2.3 STREET ADDRESS	6525 Southern Blvd #4
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33413
TITLE	S	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HANSEN, JUDENE A.	3.2 NAME	
STREET ADDRESS	9278 PERTH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:

 (561) 9525-

CR2E034 (10/97)