

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H55368** (5)

1. Corporation Name

SEMINOLE DISTRIBUTORS, INC.



Principal Place of Business

**1555 PALM BEACH LAKES BLVD
SUITE 406
W PALM BEACH FL 33401-9366**

Mailing Address

**1555 PALM BEACH LAKES BLVD
SUITE 406
W PALM BEACH FL 33401-9366**

2. Principal Place of Business

2a. Mailing Address

21 **1030 Sunshine Lane** 26 **1030 Sunshine Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Altamonte Springs FL** 28 **Altamonte Springs FL**

Zip

Country

Zip

Country

24 **32714** 25 **Orange** 29 **32714** 30 **Orange**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWINDLE, E.A.

**1555 PALM BEACH LAKES BLVD., SUITE 406
W PALM BEACH FL 33401-9366**

81 Name

Cary P. Swindle

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

1030 Sunshine Lane

83

84

Altamonte Springs FL

85 Zip Code

32714

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 obligation of, Section 607.0503, Florida Statutes.

SIGNATURE

Cary P. Swindle

(If Officer Registered Agent signature required when reinstating)

4/20/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SWINDLE, E. A.	
STREET ADDRESS	137 CLARK AVENUE	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHIPPER, JACK	
STREET ADDRESS	1555 PALM BEACH LAKES	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Swindle, Cary P.	
1.3 STREET ADDRESS	1030 Sunshine Lane	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	1030 Sunshine Lane	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	900001820859	
4.4 CITY-ST-ZIP	-05/14/96--01100--019	
5.1 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, changes, or on an attachment with an address.

SIGNATURE:

Jack Schipper **Jack Schipper**

4-11-96

5-1-96 OK
407-
865-6707

CR2E034 (12/95)