SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:22

DOCUMENT # **H93703** **(7)**

1. Corporation Name
DIRECT DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1515 S FEDERAL HWY #104 BOCA RATON FL 33432	1515 S FEDERAL HWY #104 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1986
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business	2a. Mailing Address
21 1600 S DIXIE HIGHWAY	26 1600 S DIXIE HIGHWAY
Suite, Apt. #, etc. 22 2AB	Suite, Apt. #, etc. 27 2AB
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33432 — Country 25	Zip 29 33432 — Country 30

4. FEI Number: 59-2621046 ☐ 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 intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KERR, LINDA 1515 S. FEDERAL HWY. SUITE 107 BOCA RATON FL 33432	81 Name: KAMM, LINDA KERR 82 Street Address (P.O. Box Number is Not Acceptable): 1600 S DIXIE HIGHWAY 83 SUITE 2AB 84 City: BOCA RATON FL 85 Zip Code: 33432

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: Linda Kerr Kamm — DATE
(Signature required of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☒ Change ☐ Addition
NAME	KERR, LINDA (Linda Kerr Kamm)	12 NAME	KAMM, LINDA KERR
STREET ADDRESS	1515 S. FEDERAL HWY., STE. 107	13 STREET ADDRESS	1600 S DIXIE HIGHWAY, STE 2AB
CITY-ST-ZIP	BOCA RATON FL 33432	14 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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: Linda Kerr Kamm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000485 CP