May 07, 1999 8:00 am Secretary of State

05-07-1999 90064 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H93703**

1. Corporation Name

DIRECT DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address			e Bluff Alatt Dibli Afast asott 1981
1600 S. DIXIE HIGHWAY	1600 S. DIXIE HIGHWAY			
SUITE 2AB	SUITE 2AB		BO NOT INDITE IN THE	
BOCA RATON FL 33432	BOCA RATON FL 33432		DO NOT WRITE IN THI	S SPACE
US	US		3. Date Incorporated or Qualifed	
			01/13/1986	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2621046	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	27			
City & State	City & State		- 6 Election Cempaign Financing	\$5:00 May Be Added to Fees
23	28	Country	Trust Fund Contribution	
Zip Country	Zip	¬ '	8. This corporation owes the current year l	ntangible ☐Yes ☐No
24 25		30	Personal Property Tax. 10. Name and Address of New Registered	
9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
KAMM, LINDA K.		I Name		
1600 S DIXIE HIGHWAY		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 2AB	,	83		
BOCA RATON FL 33432		84 City		85 Zip Code
		'	FI	L '
	02 and 607 1609. Elopida Statute	s, the above-named cor		or chanding its registered i
agent. I am familiar with, and accept the obligation is SIGNATURE	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corporation da Statutes.	tion's board of directors. I nereby accept the app	ointment as registered
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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 changes, or on an attachment with an address, with all ther like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

954 4938900