

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 # **J05457** (3)

1. Corporation Name
DISTRIBUTOR'S COUNCIL, INC.



Principal Place of Business: **6053 LEXINGTON PARK ORLANDO FL 32819**
Mailing Address: **6053 LEXINGTON PARK ORLANDO FL 32819**

3. Date Incorporated or Qualified: **03/24/1986**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **59-2761213**
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 intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**GARRITY, WILLIAM J.
6053 LEXINGTON PK
ORLANDO FL 32819**

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: _____ (NOTE - Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|-------------------------|
| TITLE | DP BIELSTEIN, JACK | 1.1 TITLE | DVP |
| NAME | 245 HOPMEADOW ST | 1.2 NAME | |
| STREET ADDRESS | WEATOGUE CT | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | DS WHIRLEY, JEFF | 2.1 TITLE | DS |
| NAME | 6101 LAKE ELLENOR DR | 2.2 NAME | Todd Flemming |
| STREET ADDRESS | ORLANDO FL | 2.3 STREET ADDRESS | 6101 Lake Ellenor Drive |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | Orlando, FL |
| TITLE | DVP ROONEY, JOHN | 3.1 TITLE | |
| NAME | 520 HOWARD CT. | 3.2 NAME | |
| STREET ADDRESS | CLEARWATER FL | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | DT O'HARA, WILLIAM | 4.1 TITLE | |
| NAME | 2217 RIDGELAKE DR | 4.2 NAME | |
| STREET ADDRESS | METAIRIE LA | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | DV NICOLINO, GEORGE | 5.1 TITLE | DP |
| NAME | 1133 7 ST | 5.2 NAME | |
| STREET ADDRESS | OAKLAND CA | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | AST GARRITY, WILLIAM J. | 6.1 TITLE | |
| NAME | 6053 LEXINGTON PARK | 6.2 NAME | |
| STREET ADDRESS | ORLANDO FL | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 if changed, or on an attachment with an address.

SIGNATURE: *William J. Garrity* William J. Garrity Asst. Sec./Treas. 4/15/96 (407) 876-0929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____

CR2E034 (12/95)