

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J05457 (3)**  
 1. Corporation Name  
**DISTRIBUTOR'S COUNCIL, INC.**



Principal Place of Business <b>6053 LEXINGTON PARK ORLANDO FL 32819</b>	Mailing Address <b>6053 LEXINGTON PARK ORLANDO FL 32819-4439</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/24/1986</b>	3a. Date of Last Report <b>04/19/1996</b>
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-2761213</b>	Applied For <input type="checkbox"/> Not Applicable
25. Country	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Country	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GARRITY, WILLIAM J. 6053 LEXINGTON PK ORLANDO FL 32819				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b> 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	DVP BIELESTEIN, JACK 245 HOPMEADOW ST WEATOGUE CT	<input type="checkbox"/> DELETE	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS TODD FLEMMING 6101 LAKE ELLENOR DRIVE ORLANDO FL	<input type="checkbox"/> DELETE	21. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP ROONEY, JOHN 520 HOWARD CT. CLEARWATER FL	<input type="checkbox"/> DELETE	31. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT O'HARA, WILLIAM 2217 RIDGELAKE DR METAIRIE LA	<input type="checkbox"/> DELETE	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP NICOLINO, GEORGE 1133 7 ST OAKLAND CA	<input type="checkbox"/> DELETE	51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AST GARRITY, WILLIAM J. 6053 LEXINGTON PARK ORLANDO FL	<input type="checkbox"/> DELETE	61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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:** *William J. Garrity* **William J. Garrity** 4/11/97 (407) 876-0929  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Asst. Sec/Asst. Treas.**

CR2E034 (9/96)