

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90167 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J05457
 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
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 03/24/1986	4. FEI Number 59-2761213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	DVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELSTEIN, JACK	1.2 NAME
STREET ADDRESS	245 HOPMEADOW ST	1.3 STREET ADDRESS
CITY-ST-ZIP	WEATOGUE CT	1.4 CITY-ST-ZIP
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, CHRIS	2.2 NAME
STREET ADDRESS	211 N UNION ST, #350	2.3 STREET ADDRESS
CITY-ST-ZIP	ALEXANDRIA VA 22314	2.4 CITY-ST-ZIP
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGETT, TODD	3.2 NAME
STREET ADDRESS	520 HOWARD COURT	3.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HARA, WILLIAM	4.2 NAME
STREET ADDRESS	2217 RIDGELAKE DR	4.3 STREET ADDRESS
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLINO, GEORGE	5.2 NAME
STREET ADDRESS	1133 7 ST	5.3 STREET ADDRESS
CITY-ST-ZIP	OAKLAND CA	5.4 CITY-ST-ZIP
TITLE	AST <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, WILLIAM J.	6.2 NAME
STREET ADDRESS	6053 LEXINGTON PARK	6.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Garrity Date: 1-3-99 Daytime Phone #: 407 876 0929

CR2E034 (1/98)