


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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J09357 (1) 1. Corporation Name JEWELL DISTRIBUTORS, INC.		



Principal Place of Business 1224 MARDRAKE RD DAYTONA BEACH FL 32114-5938	Mailing Address 1224 MARDRAKE RD DAYTONA BEACH FL 32114-5938
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1986	3a. Date of Last Report 04/30/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2816589		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARMSTRONG, RUSSELL F. 708 LINDENWOOD CIRCLE W. PO BOX 1000, DAYTONA BEACH FL 32115 ORMOND BEACH FL 32074				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.					
84. City					

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROCCO, STEPHANIE J.		1.2 NAME	
STREET ADDRESS 1224 MARDRAKE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KINNEY, KAREN E.		2.2 NAME	
STREET ADDRESS 30 RAVINE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP HAWTHORNE NJ		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROCCO, EDWARD J.		3.2 NAME	
STREET ADDRESS 1224 MARDRAKE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROCCO, ROSEANN		4.2 NAME	
STREET ADDRESS 9 NORMANDY BLVD. W.		4.3 STREET ADDRESS	
CITY-ST-ZIP MORRISTOWN NJ		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROCCO, THOMAS		5.2 NAME	
STREET ADDRESS 339 BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP KENILWORTH NJ		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEROCCO, EDWARD S.		6.2 NAME	
STREET ADDRESS 813 COLONIAL ARMS RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP UNION NJ		6.4 CITY-ST-ZIP	

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: *Stephanie J. DeRocco* President 4-2-1997 904-258-6693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #