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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J72303** (7)
1. Corporation Name
AMRAP DISTRIBUTING, INCORPORATED

Principal Place of Business: 2716 N FINANCIAL CT, SANFORD FL 32773-8117
Mailing Address: 2716 N FINANCIAL CT, SANFORD FL 32773-8117

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: 05/08/1987
3a. Date of Last Report: 04/14/1994

4. FEI Number: 59-2800715
Applied For: 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: 21 333 Friars Circle
2a. Mailing Address: 26 333 Friars Circle

22. Suite, Apt. #, etc.: LAKE MARY FL
27. Suite, Apt. #, etc.: LAKE MARY FL

23. City & State: LAKE MARY FL
28. City & State: LAKE MARY FL

24. Zip: 32746
25. Country: SEMINOLE
29. Zip: 32746
30. Country: SEMINOLE

9. Name and Address of Current Registered Agent: KALICH, MICHAEL P., 1006 HIGH POINT LOOP, LONGWOOD FL 32750

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 333 Friars Circle, 83, 84 City: LAKE MARY, FL, 85 Zip Code: 32746

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 re-registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALICH, MICHAEL P.	1.2 NAME	
STREET ADDRESS	1006 HIGH POINT LOOP	1.3 STREET ADDRESS	333 Friars Circle
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALICH, DOLORES M	2.2 NAME	
STREET ADDRESS	1006 HIGH POINT LOOP	2.3 STREET ADDRESS	333 Friars Circle
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	LAKE MARY, FL 32746
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALICH, MICHAEL J.	3.2 NAME	
STREET ADDRESS	143 TOLLGATE TR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael P. Kalich MICHAEL P. KALICH 4/18/95 407-322-7079
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)