

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 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 # J74787 (9)
1. Corporation Name
HURRICANE DISTRIBUTION AND WAREHOUSE COMPANY



Principal Place of Business
1300 S.W. 2ND STREET
POMPANO BEACH FL 33069
US

Mailing Address
P O BOX 10464
POMPANO BEACH FL 33061-6464
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5535A N. W. 35th Av. Suite, Apt. #, etc. 22 Building 15 City & State 23 Ft. Lauderdale, FL Zip 24 33309		2a. Mailing Address 26 P. O. Box 10464 Suite, Apt. #, etc. 27 City & State 28 Pompano Beach, FL Zip 29 33061-6464 Country 30 U.S.A.		3. Date Incorporated or Qualified 05/26/1987		3a. Date of Last Report 04/10/1996	
				4. FEI Number 59-2841495		Applied For 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 or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KIRKPATRICK, JOANN
1300 S.W. 2ND STREET
POMPANO BCH FL 33069

10. Name and Address of New Registered Agent

81 Name
JoAnn Kirkpatrick
82 Street Address (P.O. Box Number is Not Acceptable)
5535A N. W. 35th Av.
83 Building 15
84 City
Ft. Lauderdale FL 85 Zip Code
33309

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 JoAnn Kirkpatrick, Vice-President *JoAnn Kirkpatrick* 9-16-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRKPATRICK, GEORGE		1.2 NAME George Kirkpatrick	
STREET ADDRESS 1841 N POWERLINE RD		1.3 STREET ADDRESS 5535A N. W. 35th Av.	
CITY-ST-ZIP POMPANO BCH FL		1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRKPATRICK JOANN		2.2 NAME JoAnn Kirkpatrick	
STREET ADDRESS 1841 N POWERLINE RD		2.3 STREET ADDRESS 5535A N. W. 35th Av.	
CITY-ST-ZIP POMPANO BCH FL		2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: JoAnn Kirkpatrick, Vice-President *JoAnn Kirkpatrick* 9-16-97 954-784-8447

CR2E034 (4/97)