

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J82248** (2)

1. Corporation Name

**J.T. DISTRIBUTORS OF ORLANDO, INC.**

Principal Place of Business

% JULIO SHAHEEN  
P. O. BOX 621835  
ORLANDO FL 32862-8835

Mailing Address

% JULIO SHAHEEN  
P. O. BOX 621835  
ORLANDO FL 32862-8835



3. Date Incorporated or Qualified  
**05/04/1987**

3a. Date of Last Report  
**02/08/1995**

4. FEI Number

**59-2533721**

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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAHEEN, JULIO  
4234 KANDRA COURT  
ORLANDO FL 32812**

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

Signature typed or printed name of the filer and the corporation

100% Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**SHAHEEN, JULIO**  
STREET ADDRESS  
**4234 KANDRA COURT**  
CITY-STATE-ZIP  
**ORLANDO FL**

1.2 TITLE ☐ DELETE

NAME  
**SHAHEEN, HORTENSIA**  
STREET ADDRESS  
**4234 KANDRA COURT**  
CITY-STATE-ZIP  
**ORLANDO FL**

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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:

**HORTENSIA SHAHEEN**  
*Hortensia Shaheen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-96**

**407-240-9324**

DATE

DATE OF PHONE

CR2E034 (12/95)