

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K41933
1. Corporation Name:

MOUNTAIN DISTRIBUTORS, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

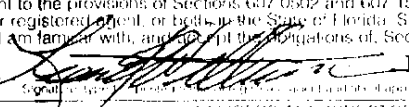
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1603 East Marks Street		26 Post Office Box 536845		10/28/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2929638	
City & State		City & State		Applied For	
23 Orlando, Florida		28 Orlando, Florida		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32803		29 32853		☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.A.		30 U.S.A.		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				☒ Yes ☐ No	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Leonard E. Williams
82 Street Address (P.O. Box Number is Not Acceptable)	1603 East Marks Street
83	
84 City	Orlando
85 Zip Code	FL 32803

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  Leonard E. Williams, President

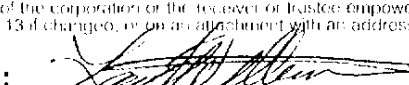
3/14/98

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	CPD ☒ Change ☐ Addition
NAME		1.2 NAME	Williams, Leonard E.
STREET ADDRESS		1.3 STREET ADDRESS	1603 East Marks Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	☐ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME		2.2 NAME	Williams, John
STREET ADDRESS		2.3 STREET ADDRESS	1603 East Marks Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	☐ DELETE	3.1 TITLE	STD ☒ Change ☐ Addition
NAME		3.2 NAME	Williams, Leonard E. Jr.
STREET ADDRESS		3.3 STREET ADDRESS	1603 East Marks Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME		4.2 NAME	Williams, Michael
STREET ADDRESS		4.3 STREET ADDRESS	1603 East Marks Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	500002551365
STREET ADDRESS		5.3 STREET ADDRESS	-06/08/98--01088--014
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  Leonard E. Williams, President 3/14/98 (407) 323-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)