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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90083 030 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K58443

CITY-ST-ZIP

SIGNATURE:

C.R.W. DISTRIBUTORS, INC.

NAME   WRYE, PAULA J.   22 NAME	Principal Place									1
MIDDLEBURG FL 32088  MIDDLEBURG FL 32088  MIDDLEBURG FL 32088  MIDDLEBURG FL 32088  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 01/06/1989  1/06/19	paaaa	of Business	Mailing Addres	ss						-
2. Principal Place of Business	1862 SHANNON LAKE DR. 1862 SHANNON LAKE DR.						·			
2. Principal Place of Business							DO NOT MORE IN THIS SPACE			
2. Principal Place of Business								- with		
2. Principal Place of Business   2. Mailing Address   4. FEI Number   59-2946732   Not Applied Ft. Solder, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.75 Additional fee Required City & State   City & State   Stephanomy of Fee Required City & State   Sta							<sup></sup>			
Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Addition   \$8.75 A	a Britania I SI	f Duning and	D. Mailing Ad	dross				114	pplied For	$\dashv$
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   27	2. Principai Pia	ace of Business	— ·	11622					• • • • • • • • • • • • • • • • • • • •	
City & State	[1]			#			39-2940/32			╣.
City & State  Country  Registered Agent  10, Name and Address of New Registered Agent  City & State	¬ ''	#, etc.		#, etc.			5. Certifcate of Status Desired			
Zip   Country   Zip   Country   S.   Trust Fund Contribution   Added to Fees   Zip   Country   S.   Trust Fund Contribution   Added to Fees   Zip   Country   S.   Trust Fund Contribution   Added to Fees   Zip   Country   S.   Trust Fund Contribution   Added to Fees   Zip										$\dashv$
Zip	¬ '	•	— ·	e						
28   25   29   30   Personal Property Tax.   Yes   No 9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    CLARK, CLIFFORD P., JR.   1500 S. DIXIE HIGHWAY   4300 CORAL GABLES FL 33146   81   Name   82   Street Address (P.O. Box Number is Not Acceptable)    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 agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section		Country			ounto	<del></del>	***		101662	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Signature, byted or protect 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, 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, 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, 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, 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, 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, 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, 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, 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, or both, in the State of Florida. Such change is the such corporation's board of directors. I hereby accept the appointment as registered agent, or both appointment as a such accept the purpose of changing its registered agent, or both appointment as a such accept the purpose of changing its registered age	¬ `		_ <del> </del>		ouriu y				Пио	
CLARK, CLIFFORD P., JR. 1500 S. DIXIE HIGHWAY #500 CORAL GABLES FL 33146  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 register of 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, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  DP  OFFICERS AND DIRECTORS  TITLE  DP  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.3 ITILE  WHYE, CHARLES A.  1.2 NAME  WRYE, PAULA J.  STREET ADDRESS  MIDDLEBURG FL  1.4 CITY-ST-ZP  MIDDLEBURG FL  1.5 STREET ADDRESS  TITLE  VP  OFFICERS AND DELETE  1.4 TITLE  VRYE, PAULA J.  STREET ADDRESS  TITLE  VRYE, RALPH R.  1.2 STREET ADDRESS  TOWNST-ZP  LONGWOOD FL  1.3 STREET ADDRESS  TOWNST-ZP  OFFICERS AND DELETE  2.4 CITY-ST-ZP  OFFICERS AND OLAKE DR.  4.2 STREET ADDRESS  TOWNST-ZP  Change  A  WRYE, RALPH R.  1.3 STREET ADDRESS  TOWNST-ZP  OFFICERS AND OLAKE DR.  4.2 STREET ADDRESS  TOWNST-ZP  OFFICERS AND OLAKE DR.  AND OLAKE ADDRESS  TOWNST-ZP  OFFICERS AND AND STREET ADDRESS  TOWNST-ZP  OFFICERS AND AND ST	24				<del>-</del>					$\dashv$
CLARK, CLIFFORD P., JR. 1500 S. DIXIE HIGHWAY #300  CORAL GABLES FL 33146  81  City  FL  83  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 register of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  DF  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME  WRYE, CHARLES A.  STREET ADDRESS  1882 SHANNON LAKE DR.  12 NAME  WRYE, PAULA J.  STREET ADDRESS  1882 SHANNON LAKE DR.  23 STREET ADDRESS  1862 SHANNON LAKE DR.  23 STREET ADDRESS  170 CAST COURT  170 DELETE  171 DELETE  171 DELETE  171 DELETE  171 DELETE  171 ST CAST COURT  172 OFFICERS AND DIRECTORS IN TIME  WRYE, RALPH R.  STREET ADDRESS  176 CAST COURT  177 OF CAST COURT  178 DELETE  179 DELETE  170 STREET ADDRESS  177 ST CAST COURT  170 DELETE  171 ST CAST COURT  170 DELETE  171 ST CAST COURT  171 ST CAST COURT  172 STREET ADDRESS  175 CAST COURT  175 CAST COURT  176 CAST COURT  177 ST CAST COURT  177 ST CAST COURT  178 STREET ADDRESS  177 ST CAST COURT  179 DELETE  170 DELETE  170 STREET ADDRESS  177 ST CAST COURT  177 ST CAST COURT  178 STREET ADDRESS  178 CAST COURT  179 STREET ADDRESS  179 CAST COURT  170 ST CAST COURT  170 STREET ADDRESS  177 ST CAST COURT  170 STREET ADDRESS  177 ST CAST COURT  171 ST CAST COURT  172 STREET ADDRESS  173 STREET ADDRESS  175 CAST COURT  175 CAST COURT  177 ST CAST COURT  178 STREET ADDRESS  177 ST CAST COURT  178 STREET ADDRESS  178 STREET ADDRESS  178 STREET ADDRESS  178 STREET ADDRESS		9. Name and Address of Carrer	it Keğistered Ağeri	·	81	Name	IV. Hante and Address of How Adjusters	a rigoni		$\dashv$
1500 S. DIXIE HIGHWAY #300 CORAL GABLES FL 33146  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  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 register of 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.  PATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  DP   DELETE	CLAD	K CHEEUDD D ID			"	Italiic				
#300 CORAL GABLES FL 33146  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 register 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE 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 1  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE DP MAME WRYE, CHARLES A. 12 NAME SIREET ADDRESS 1862 SHANNON LAKE DR. 13 STREET ADDRESS  MIDDLEBURG FL 14 TITLE S CITY-ST-ZIP MIDDLEBURG FL 12 TITLE S CASHANNON LAKE DR. 13 STREET ADDRESS  CITY-ST-ZIP MIDDLEBURG FL 22 NAME STREET ADDRESS 1862 SHANNON LAKE DR. 23 STREET ADDRESS  CITY-ST-ZIP DELETE 31 TITLE VP DELETE 31 TITLE VP DELETE 31 TITLE S CASHANNON LAKE DR. 33 STREET ADDRESS  CITY-ST-ZIP LONGWOOD FL 34 CITY-ST-ZIP LONGWOOD FL 35 CASHANDE WRYE, AUDREY C. 41 TITLE CICHARGE AT THE CASH COURT AT THE CASH CASH COURT CICHARGE AT THE CASH CASH COURT AT THE CASH COURT AT THE CASH COURT AT THE CASH CASH COURT AT THE CASH COURT AS THE COURT AS THE CASH COURT AS TH					82	Street Addi	ress (P.O. Box Number is Not Acceptable)			
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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 register of 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, bear of provided when reinstating)  SIGNATURE	COM	AL GADLES FL 33140			84	City		85 Zip	Code	_
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)								<u> </u>		
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Repistered Agent signature required when reinstating)   DATE	office or re	edistered agent, or both, in the State	of Florida. Such cha	inge was authoriz	zed by	the corporation	oration submits this statement for the purpose on some point of directors. I hereby accept the app	or changing it ointment as r	s registered egistered	
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Repistered Agent signature required when reinstating)   DATE	SIGNATURE							•		-
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NAME   WRYE, PAULA J.   22 NAME	CITY-ST-ZIP	MIDDLEBURG FL				T-ZIP				}
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	NAME .									

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, with all other like empowered.