

FEE 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 # **K63213 (8)**

1. Corporation Name
NEW JERSEY DISTRIBUTING CO. I, INC.



Principal Place of Business: **10690 FONTAINEBLEAU BLVD. MIAMI FL 33172**
Mailing Address: **10690 FONTAINEBLEAU BLVD. MIAMI FL 33172**

3. Date Incorporated or Qualified: **02/03/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0104817**
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. **8262 NW 70 STREET**
22. **MIAMI Florida**
23. **MIAMI Florida**
24. **33166**
25. **USA**
26. **PO BOX 522400**
27. **MIAMI Florida**
28. **MIAMI Florida**
29. **33152-2400**
30. **USA**

9. Name and Address of Current Registered Agent
**MILLS, PAUL R.
10690 FONTAINEBLEAU BLVD.
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0500 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MILLS, PAUL R.	2.1 NAME	
3. STREET ADDRESS	2689 NW 49 ST	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	BOCA RATON FL	4.1 CITY, ST, ZIP	
5. TITLE	STD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	RODGERS, PAUL R.	6.1 NAME	
7. STREET ADDRESS	22689 N.W. 49TH ST.	7.1 STREET ADDRESS	
8. CITY, ST, ZIP	BOCA RATON FL	8.1 CITY, ST, ZIP	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, ST, ZIP		12.1 CITY, ST, ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY, ST, ZIP	
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, ST, ZIP		20.1 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)(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 in an attachment with an address.

SIGNATURE: *Paul R. Rodgers* - Sec-TRES.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
PAUL R. RODGERS

2/14/96 (305) 591-7407
Date Filed

CR2E034 (12/95)