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

**FILED** Feb 23 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)K63213 NEW JERSEY DISTRIBUTING CO. I, INC. Mailing Address Principal Place of Business 8262 N.W. 70TH STREET P.O. BOX 522400 MIAMI FL 33166 MIAMI FL 33152-2400 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1989 2. Principal Place of Business 1801 NW Applied For 2a. Mailing Address 4. FEI Number 65-0104817 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional × 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAMI Trust Fund Contribution 23 Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLS, PAUL R. 10690 FONTAINEBLEAU BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33172** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition MILLS, PAUL R. NAME 1.2 NAME 2689 NW 49 ST 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE 2 1 TITLE Change Addition RODGERS, PAUL R. NAME 2.2 NAME 22689 N.W. 49TH ST. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 31 TITLE TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental 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 recorder or powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporal Block 12 or Block 13 if changed

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STREET ADDRESS

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

NAME

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