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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K92090

(5)

1. Corporation Name
D & L DISTRIBUTORS, INC.



Principal Place of Business
2011 LEE ST
HOLLYWOOD FL 33020

Mailing Address
2011 LEE ST
HOLLYWOOD FL 33020-2410

3. Date Incorporated or Qualified
05/30/1989

3a. Date of Last Report
08/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
22-2992999

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEMPKINS, HARRY
420 LINCOLN ROAD
SUITE 258
MIAMI BEACH FL 33139

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D SCHWARTZ, DEANNA
STREET ADDRESS 8 TREMONT TERRACE
CITY- ST- ZIP LIVINGSTON NJ

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME D SCHWARTZ, DEANNA
1.3 STREET ADDRESS 990 AVENUE OF THE AMERICAS, SUITE 18D
1.4 CITY- ST- ZIP NEW YORK, NY 10018

TITLE ☐ DELETE
NAME D KATZ, ELIZABETH
STREET ADDRESS 37 FISHER PLACE
CITY- ST- ZIP RED BLANK NJ

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME D. KATZ, ELIZABETH
2.3 STREET ADDRESS 55 OCEAN AVENUE
2.4 CITY- ST- ZIP MONMOUTH BEACH, NJ 07750

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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:

Deanna Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

954-923-2728

CR2E034 (9/96)