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

**PROFIT CORPORATION** ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05113

(0)

**FILED** Jan 16 1997 8:00am Secretary of State



KIRCHH	OFF DISTRIBUTORS, INC.						
Principa-Plac	ce of Business	Mailing Address			n sådesøkt min amint mirke kinnet ofhåd bits i	fall atilis dinas prose autor	Atali (BB)
3115 ANDORRA		3115 ANDORRA CT.	= =:				
<del>073 Palm Viev</del> Naples FL <del>0</del> 34	=	NAPALES FL 34109-1384 US					
US					3. Date Incorporated or Qualified	3a. Date of Last F	?eport
					07/24/1989	01/23/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 3//3	ANDORKA CT.	26			65-0131645		ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7 7 7	Additional
22	A	City & Chale					equired
City & State	RES FL.	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		
24 3410	9 25	29	30			Yes 🔀 No	
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	CHHOFF, STEPHEN		81	Name			
	5 ANDORRA CT.		82	Street Addr	ress (P.O. Box Number is Not Acceptate	ole)	
NAP	LES FL 33999						
			83				
			84	City		85 Zip	Code
						FL	
agent La	t to the provisions of sections 607.05t registered agent, or both, in the State am famil ar with, and accept the oblig	uz and 607 1506, Florida Statute 5 of Florida. Such change was a pations of, Section 607.0505, Flo	es, the above uthorized by rida Statutes	the corporal	poration submits this statement for the particular to the particular to the points board of directors. I hereby acceptions	of the appointment as	ts registered ; registered
SIGNATURE	Stgrent are type a oil printed name of registered ag	aint and title of applicable (NOTE	: Registered Ager	nt signature requi	red when reinstating)	DATE	_ <del></del>
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTO	RS IN 12
TITLE	DP	DELETE	1 1 TITLE			☐ Change	Addition
NAME	KIRCHHOFF, STEPHEN E		1.2 NAME				
STREET ADDRESS	3115 ANDORRA CT.		1.3 STREET	ADDRESS			
CITY - ST - ZIP	NAPLES FL	····	1.4 CITY - ST - ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	KIRCHHOFF, PATRICIA M						
STHEET ADDRESS	3115 ANDORRA CT.		2.3 STREET	ADDRESS			
CITY-ST-7P	NAPLES FL	T DOLOTE	2 4 CITY-S	1 - ZIP			1 1 1 1 1 1 1 1 1
T'TLE	1	DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY ST - ZIP		DELETE	3.4. CITY-S	T-ZIP		Change	Addition
TITLE		_ blecic	4.1 TITLE			Change	L. Add₁tion
NAME			4. 2 NAME	4BCBC00			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	44 CiTY+ST-ZIP 51 TiTLE			Change	Addition
NAME			5.2 NAME			onange	
STREET ADDRESS			5.3 STREET	ADDRESS			
City-St-7IP			5.4 CITY - ST	i i			
Tille	<del></del>	DELETE	6.1 TITLE	411		☐ Change	☐ Addition
NAME		<u> </u>	6.2 NAME				
STREET ADDRESS	1		6.3 STREET	ADDRESS			
CITY-SI-ZIP			6.4 CITY-S1				
**********	by early that the information carrelis	ad with this filing does not qualif			d in Section 119 07(3)(i) Florida Statute	e I further certify the	t tho

now necessy century that the information supplies with this tiling does not quality 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 fam 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 137 chapted, or an attackment with an address.

Daytime Phone #