


FILED

Jan 16 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 # L05113		(0)	
1. Corporation Name KIRCHHOFF DISTRIBUTORS, INC.			
Principal Place of Business 3115 ANDORRA CT. 675 PALM VIEW DR NAPLES FL 33999 US		Mailing Address 3115 ANDORRA CT. NAPLES FL 34109-1384 US	
2. Principal Place of Business 21 3115 ANDORRA CT. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 NAPLES, FL.		27 City & State 28	
24 34109		29	
25		30	
9. Name and Address of Current Registered Agent			
KIRCHHOFF, STEPHEN 3115 ANDORRA CT. NAPLES FL 33999		81 Name 82 Street Address 83 84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		<input type="checkbox"/> DELETE	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> DELETE	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> DELETE	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> DELETE	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> DELETE	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> DELETE	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13, changed, or as an attachment with an address.			
SIGNATURE: <i>Stephen E. Kirchhoff</i> STEPHEN E.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)