Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90103 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L06673**

1. Corporation Name

CROSS-STATE DISTRIBUTORS, INC.

011000	· ·								
Principal Place	e of Business	Mailing Address			-	, , , , , , , , , , , , , , , , , , , ,			
2500 E HALLAN	NDALE BCH BLVD	2500 E HALLANDALE BCH BLVI	D						
SUITE 102		SUITE 102			DO NOT WORK IN TH	HE SDAC	c		
HALLANDALE FL 33009		HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						08/02/1989			
- 5:	I & Duninger	2a. Mailing Address				4. FEI Number		Ann	lied For
	lace of Business	ļ				65-0137769	}-		Applicable
21 Suite Ant	#, etc =	Suite, Apt. #, etc.					\$8		dditional
	#, BIC	27 Suite, Apr. #, etc.				5, Certificate of Status Desired		ee Rec	
22 City & Stat	ie .	City & State				6. Election Campaign Financing	\$4	00 1	May Be
23	,	28				Trust Fund Contribution		dded to	
Zip	Country .		Country	/		8. This corporation owes the current year	Intangible)	
24	25	29 30	_			Personal Property Tax.	ŬYe		□No
	9. Name and Address of Current					10. Name and Address of New Register	ed Agent		
			81	Na	me				
JAC	obson, Stewart, ESQ.		-	1		on ID O. Dou Number in Not Assessable)			
950	S. FEDERAL HWY.		82	511	eet Addre	ss (P.O. Box Number is Not Acceptable)			
HOL	LYWOOD FL 33020		83	1					
				<u> </u>					
			84	Cit	у	E	EL 85	Zip C	ode
				<u> </u>		-	of chang	na ite r	registered
office or r	egistered agent, or both, in the State o im familiar with, and accept the obligation	f Florida. Such change was authorons of, Section 607.0505, Florida	rized by Statutes	the (corporation	ration submits this statement for the purpose r's board of directors. I hereby accept the ap	of chang pointment	ng its r as reg	registered jistered
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14. I 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LBEQTRAMDLEARKAS