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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

**DOCUMENT # L15639** 

(2)

BAR -S- DISTRIBUTORS INC.  Principal Place of Business Mailing Address  8 R. SCOTT CUNNINGHAM PO BOX 1644 ENGLEWOOD FL 34295-1644  PO BOX 1644 ENGLEWOOD FL 34295-1644									
						3. Date Incorporated or Qualif 09/11/1989		ate of Last F 01/1996	юроп
	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26		<del></del>		59-2979235	· · · · · · · · · · · · · · · · · · ·		ot Applicable
Suite, Apt 22	. 寿, CIC.	Suite, Apt. #, etc.				6. Certificate of Status Desired	ı 🗆	T	Additional equired
City & Sta	ite	City & State			·	6. Election Campaign Financin	ng		May Be
23		28	· <del>····</del>	<u> </u>		Trust Fund Contribution		Added	to Fees
Ziρ	Country	Zip 29	Cour	ntry		This corporation has liability     Florida Statutes	for intangibl		199.032,
24	25 9. Name and Address of Curre		[30]			10. Name and Address of Net			
CUN	NNINGHAM, R. SCOTT			81 N	ame				
	2 TARPON WAY		}	<b>B2</b> S1	reel Addre	ss (P.O. Box Number is Not Acce	eptable)		
	GLEWOOD FL 34295-1644		L			,	,		
				83					
			Ţ	84 C	ty		Fl	85 Zip	Code
agent. L	to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblig	02 and 607,1508, Florida Statul e of Florida. Such change was gations of, Section 607,0505, Fl	tes, the ab authorized orida Statu	ove-na I by the Ites	med corpo corporation	ration submits this statement for on's board of directors. I hereby a	the purpose of accept the ap	of changing i pointment as	ts registered registered
SIGNATURE	Con transaction made dispute of equalities and	ood and tills if noticeties (NO)	IE Basislarad		scalure to a size	A whose tainer dinas	DAYE		
SIGNATURE	Signariate typical or printed name of registared ag OFFICERS AN	pert and title if applicable. (NOT ND DIRECTORS	TE Registered		mature require	d when reinstating)  ADDITIONS/CHANGES TO C	DATE DEFICERS AN	D DIRECTOR	RS IN 12
				Agent si	mature requirer	3 when reinstating) ADDITIONS/CHANGES TO C		D DIRECTOR	
12.	OFFICERS AN D CUNNINGHAM, R. SCOTT	ND DIRECTORS	13.	Agent sig	ralure require				
12. THE NAME STREET ADDRESS	OFFICERS AND D CUNNINGHAM, R. SCOTT 2082 TARPON WAY	ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	Agent sij LE ME REET ADD	RESS				
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14. For hereby definy that the minimum about the limit does not duality for the exhibition stated in section 118-1703(i), Florida Statutes, I further certain that information indicated on this annual report is 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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paytime Phone # 0436617

**FILED** 

May 09 1997 8:00am

Secretary of State