


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90112 001 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # L24907 | | | | | |
| 1. Corporation Name AMERIMART DISTRIBUTORS, INC. | | | | | |
| Principal Place of Business 10190 NW 47 ST SUNRISE FL 33351 US | | Mailing Address 10190 NW 47TH ST SUNRISE FL 33351 US | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/20/1989 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0149618 | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 29 | |
| 30 | | 31 | | 32 | |
| 9. Name and Address of Current Registered Agent MEYER, JON 10190 NW 47 ST SUNRISE FL 33351 | | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | | 84 City | | |
| 85 Zip Code | | | FL | | |
| 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 | | | | | |
| 1.1 TITLE | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99 954 572 3020

CR2E034 (11/98)

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