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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # <b>L26592</b> DISTRIBUTING COMPANY	_ (~)				
Principal Place	of Business	Mailing Address	······································		]	DAR MODAL WHOLE DESIGN DIVER 1881
5308 SILVER STAR R ORLANDO FL 32808 US		5308 SILVER STAR RD ORLANDO FL 32808-4420 US				
					<b>1</b>	Date of Last Report 4/16/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21 Suite, Apl. #, etc.		Suite, Apt #, etc.			59-2978711	Not Applicable
22		27			5. Certificate of Status Desired	Fee Required
City & State	)	City & State	······································	<u>,,</u>	6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 Zup	Country	<u></u>	Trust Fund Contribution L.  8. This corporation has liability for intangle	Added to Fees
24	25	29	30		Florida Statutes Z Yes	□ No
	9. Name and Address of Curre	ent Registered Agent	81	Name	10. Name and Address of New Register	ed Agent
WALSH, CELISSA J. 5308 SILVER STAR ROAD						
#101			62	Street Address (P.O. Box Number is Not Acceptable)		
	NDO FL 32808		83			
			84 (	City		85 Zip Code
SIGNATURE	agistered agent, or born, in the state in familiar with, and accept the oblining control of the		Florida Statutes.		oration submits this statement for the purpos on's board of directors. I hereby accept the s d when reinslating)	
12.		ND DIRECTORS DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	
NAME	st Walsh, Celissa J.	ר הברבוב	1,1 TITLE 1,2 NAME	ļ	•	L Change Addition
STHEET ADDRESS	9303 SIR LAWRENCE CT		1.3 STREET AD	)DAESS	ments."	
CITY-SE 7IF	WINDERMERE FL		1.4 CITY - ST - 1	ZIP		-
It[[E	P Walsh, Thomas F., JR	☐ DELETE	2.1 THILE	-		L Change L Addition
NAME STREET ADDRESS	9303 SIR LAWRENCE CT		2.2 NAME 2.3 STREET AD	DDRESS		
City - St - ZiP	WINDERMERE FL		2.4 CITY-SY-	- 1		
THLE		DELETE	3.1 TITLE			Change Addition
NAM?			3.2 NAME	harnă .		
STREET ADDRESS C-TY+ST-ZiP			. 3.3 STREET AD 3.4. CITY-ST-			
1111	19	DELETE	4.1 TITLE	411		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AC			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - 5.1 TITLE	ZIP		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET AD	DORESS		
CITY S1-7P			-5.4 CITY-ST-	ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME Cross Landbridge			6.2 NAME	nnpcoe		
STREET ADDRESS CITY - ST - ZIP			6.3 STREET AO 6.4 CITY-ST-	• 1		
14. Loo hereo	by certify that the information suppli	ed with this filing does not a	ualify for the exemp	ption stated	in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the
information Lam an of appears in	n indicated on this annual report or ficer or director of the corporation on Disck 12 or Block 13 if changed	supplemental annual report or the receiver or trustee emp out an attachment with an	is true and accura cowered to execut address.	ate and that report	my signature shall have the same legal effect as required by Chapter 607, Florida Statute	it as it made under oath; tha s; and that my name

**SIGNATURE:** 

**FILED** 

Apr 25 1997 8:00am

Secretary of State