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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

L68593

(7)

FILED	
May 14 1998 8:00am	1
Secretary of State	

FI. J. DI	ISTRIBUTORS, INC.						
Principal Place	e of Business	Mailing Address					
eco Lewis CT Marco Island FL 34145 US		% BERRY & GREUSEL 1104 N COLLIER BLVD MARCO ISLAND FL.334 US	% BERRY & GREUSEL 1104 N COLLIER BLVD MARCO ISLAND FL.33997		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE	
2. Principal P	Principal Place of Business 2e. Mailing Address				04/25/1990 4. FEI Number	Applied For	
21		26		65-0192046	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, 22 27					6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the c		
24	25 S. Name and Address of Curren	1 Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No	
00		it tredistored Adeit		1 Name	(U. Hame and Address of New Neglaters	1 Wholir	
	EUSEL, JAMIE B			1.0			
	RRY & GREUSEL 4 N COLLIER BLVD		[*	Street A	ddress (P.O. Box Number is Not Acceptable)		
	RCO IS FL 34145		la la	13			
MIM	100 15 FL 34 145						
			1	I4 City	F:	85 Zip Code	
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							
12.	Signature typed or proved oance of registered age OFFICERS AN		II : Registered	Agent signature re	equired when reinstating) DATE	ID DIDECTORS IN 40	
TITLE	8V	DELETE	1.1 I/IL	: T	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	PARCELLES, SUSAN E		1.2 NAM	!			
STREET ADDRESS	600 LEWIS CT			ET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL			-S1-ZIP			
TITLE	PTD	☐ DELETÉ	2.1 TITL			Change Addition	
NAME	PARCELLES, RODGER J		2.2 NAM	E			
STREET ADDRESS	600 LEWIS CT		2.3 STR	ET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CIT	r-ST-ZIP			
TITLE	1.	DELETE	3.1 TITL			☐ Change ☐ Addition	
NAME			3.2 NAM				
STREET ADDRESS	•			ET ADDRESS			
CITY-ST-ZIP		T belete		'-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL			Change Addition	
NAME OVERTY AGDRESS			4. 2 NA				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS			
TITLE		DELETE	5.1 T(TL	- ST - ZIP		Change Addition	
NAME		L	5.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				- ST-ZIP			
TITLE		DELETE	6.1 1ITL			Change Addition	
NAME			6.2 NAM				
STREET ADDRESS			6.3 S1R	ET ADDRESS		Į	
CITY-ST-ZIP			6.4 CITY	- ST- ZIP			
	ertify that the information supplied w	th this filing does not qualify			in Section 119.07(3)(i), Florida Statutes. I further	certify that the information	

4. I hereby certify that the information supplied with this filling 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 suppliemental 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 trestee 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 any attachment with an appears.

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