FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996				Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				S						
D	Corporation		L71652		(6)		·•• ·							
	ATLANT	ric Pacific	DISTRIBUTOR	S, INC.				 1 28 11 8 24 8 21 1882 14818 81184 811		8/8 /2 3 (8 /1)				
Principa! Place of Business					Mailing Address									
2158 W. ATLANTIC AVE. DELRAY BEACH FL 33445				BO	P.O. BOX 1808 BOCA RATON FL 33429									
				US	J					3. Date Incorporated or Qualified 05/07/1990	3a. I	Date of La 05/01/		•
	Principal Pla	ace of Business		2a. N	Mailing Address					4. FEI Number				pplied For
21				26						65-0208678			N	ot Applicable
22	Suite, Apt. #			27	Suite, Apt. #, etc.					5. Certificate of Status Desired	×			Additional equired
23	City & State			28	Orty & State	·				Election Campaign Financing Trust Fund Contribution				May Be to Fees
24	Zip	25	Gountry	29	7ip	30	Country	y 			s 💢 No)		199.032,
		9. Name and	Address of Curren	it Registe	red Agent			1		10. Name and Address of New	Register	ed Agent		
	ME: 1075						81	^	lame					
NEUSTEIN, CHARLES L.							82	S	treet Addr	ess (P.O. Box Number is Not Accepta	tile)			
420 LINCOLN RD. Ste. #600					83									
		ACH FL 3313	9					_						
								С				EL 85	•	Code
11.	Pursuant to	the provisions of	of Sections 607.0502	and 607.1	1508, Florida Statu	ites, the	above r	กอก	ied corpori	ation submits this statement for the prid of directors. Thereby accept the ap-	rpose of	changing	its re	gistered office
	familiar with	n, and accept the	e obligations of, Secti	ion 607.05	05, Florida Statute	os.	ne corp	KH G	mon a poar	o or directors. Thereby accept the ap-	DOLITHEN	. ឧទ ខេត្តទេ៤	rea a	agent. i am
SIG	NATURE _	Sponature, typed or ryin	too name of registered agont	and titu if any	Sicolds A	Paris Bossi	havind Amin			i when recot mag				
12.	<u>`</u>	o grazine, types or pri	OFFICERS AND				13.	11(5)	wester or ter paren.	ADDITIONS/CHANGES TO OF	FICERS A		CTOF	IS IN 12
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	- ST - ZIP		ACH FL 33445	~			1.4 CITY - S	ST-21	F					
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NAME							1 THILE 2 NAME					☐ Chan	ye.	Addition
							2 145 HALL							

6.4 CITY-ST-7iP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted 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 attactionent with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

JUNE A. OZNER

3/21/96 (407) 2780002