		May 1, 1998 c		Liability (om	pany will be	• -		·		
l.	D LIABILIT ANNUAL R 199			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							98 APR 29 AM 9: 07				
\$ 188 1. Name	ke Check Payable	DA DEPART	A DEPARTMENT OF STATE			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
of Limi	ted Liability Co	mpany DOC	UMENT	Д 9 7000000322			L				
	NATIONA C.	AL INDEPEND	ENT VE	ND DISTE	ND DISTRIBUTORS, L.			1a. Principal Place of Business Address			
ļ	KARD COURT HARBOR FL				608 PACKARD COURT SAFETY HARBOR FL 34695						
2. Principal Place of Business 2a. Maili			ng Addrees			3. Date Organiz	ed or Qualified	3a. State	of Formation		
Suite, Apt. #, etc. Suite, Ap			1. #, etc.			03/10/1	997	FL			
									Applied For		
City & State City & S			ate			59-3			Not Applicable		
Ž ip		Country Zip		Count		ry	5. Date of Last			cate of Status Desired	
	7. Name	and Address of Curre	nt Registered	Agent		8. Name	Name and Addres	s of New Regis	tered Ager	nt/Office	
cox,	J	Ĺ									
608	COURT	Street Address (P.O. Box Number Is Not Acceptable)						
omp e	II NAKE	OR FL 3469	Suite, Apt. #, etc			-US/US/38U1136U22					
		City			****188.75 ****188.75						
					<u>FL</u>						
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.											
SIGNATU	(Registered Agent Accepts	OTE Registered Agent signature required when reinstating)			DATE						
10. Title				Business Street Address				City,	State and	Zlp Code	
								•			
MEM	LUNA C	608 PACKARD COURT				SAFETY HARBOR FL					
MEM	JONES	5409 BULWER AVENUE			C	ST LOUIS MO					
MEM	AUTOMA	425 WHITNEY STREET			?	NORTHBORO MA					
				}				=			
RECEIVED									•		
										:	
FE	B 2 3 19	30						A	48.		
LU	DDS	<u> </u>				AL	AP	R 3 0 1998			
Indicate 4 c	on this annual re	the Information supplied apport is true and accurat or the receiver or trustee	e and that my s	ignature shall hav	re the s	same legal effect as	if made under oath	ı; that l am a mar	naging men	nber or manager of the	

2/23/98 Date

- I sake

SIGNATURE: