

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M52959** (7)

1. Corporation Name
SELECT DISTRIBUTORS INC.

Principal Place of Business Mailing Address
2321 SW 60TH WAY MIRAMAR FL 33023 **2321 SW 60TH WAY MIRAMAR FL 33023**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **06/01/1987** 3a. Date of Last Report **05/01/1994**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2837614	Applied For Not Applicable
22. State Apt # etc	27. State Apt # etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Zip	29. Zip	30. County
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**PRONI, LUCIO F
1710 SW 87 AVE
SUITE #301C
MIRAMAR FL 33023**

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 607.0402 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 607.0405, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D PRONI, LUCIO	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1710 SW 87TH AVE.	2. NAME	
CITY, ST, ZIP	MIRAMAR FL	3. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BIRCH, JAMES	5. NAME	
STREET ADDRESS	5880 SW 70TH AVE.	6. STREET ADDRESS	
CITY, ST, ZIP	MIRAMAR FL	7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY, ST, ZIP		8. NAME	
9. NAME		9. STREET ADDRESS	
10. STREET ADDRESS		10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY, ST, ZIP		11. NAME	
12. NAME		12. STREET ADDRESS	
13. STREET ADDRESS		13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. CITY, ST, ZIP		14. NAME	
15. NAME		15. STREET ADDRESS	
16. STREET ADDRESS		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. CITY, ST, ZIP		17. NAME	
18. NAME		18. STREET ADDRESS	
19. STREET ADDRESS		19. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. CITY, ST, ZIP		20. NAME	
21. NAME		21. STREET ADDRESS	
22. STREET ADDRESS		22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. CITY, ST, ZIP		23. NAME	
24. NAME		24. STREET ADDRESS	
25. STREET ADDRESS		25. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. CITY, ST, ZIP		26. NAME	
27. NAME		27. STREET ADDRESS	
28. STREET ADDRESS		28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. CITY, ST, ZIP		29. NAME	
30. NAME		30. STREET ADDRESS	
31. STREET ADDRESS		31. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. CITY, ST, ZIP		32. NAME	
33. NAME		33. STREET ADDRESS	
34. STREET ADDRESS		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. CITY, ST, ZIP		35. NAME	
36. NAME		36. STREET ADDRESS	
37. STREET ADDRESS		37. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. CITY, ST, ZIP		38. NAME	
39. NAME		39. STREET ADDRESS	
40. STREET ADDRESS		40. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. CITY, ST, ZIP		41. NAME	
42. NAME		42. STREET ADDRESS	
43. STREET ADDRESS		43. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44. CITY, ST, ZIP		44. NAME	
45. NAME		45. STREET ADDRESS	
46. STREET ADDRESS		46. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
47. CITY, ST, ZIP		47. NAME	
48. NAME		48. STREET ADDRESS	
49. STREET ADDRESS		49. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50. CITY, ST, ZIP		50. NAME	
51. NAME		51. STREET ADDRESS	
52. STREET ADDRESS		52. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53. CITY, ST, ZIP		53. NAME	
54. NAME		54. STREET ADDRESS	
55. STREET ADDRESS		55. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
56. CITY, ST, ZIP		56. NAME	
57. NAME		57. STREET ADDRESS	
58. STREET ADDRESS		58. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
59. CITY, ST, ZIP		59. NAME	
60. NAME		60. STREET ADDRESS	
61. STREET ADDRESS		61. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. CITY, ST, ZIP		62. NAME	
63. NAME		63. STREET ADDRESS	
64. STREET ADDRESS		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
65. CITY, ST, ZIP		65. NAME	
66. NAME		66. STREET ADDRESS	
67. STREET ADDRESS		67. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
68. CITY, ST, ZIP		68. NAME	
69. NAME		69. STREET ADDRESS	
70. STREET ADDRESS		70. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
71. CITY, ST, ZIP		71. NAME	
72. NAME		72. STREET ADDRESS	
73. STREET ADDRESS		73. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
74. CITY, ST, ZIP		74. NAME	
75. NAME		75. STREET ADDRESS	
76. STREET ADDRESS		76. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
77. CITY, ST, ZIP		77. NAME	
78. NAME		78. STREET ADDRESS	
79. STREET ADDRESS		79. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
80. CITY, ST, ZIP		80. NAME	
81. NAME		81. STREET ADDRESS	
82. STREET ADDRESS		82. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
83. CITY, ST, ZIP		83. NAME	
84. NAME		84. STREET ADDRESS	
85. STREET ADDRESS		85. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
86. CITY, ST, ZIP		86. NAME	
87. NAME		87. STREET ADDRESS	
88. STREET ADDRESS		88. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
89. CITY, ST, ZIP		89. NAME	
90. NAME		90. STREET ADDRESS	
91. STREET ADDRESS		91. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
92. CITY, ST, ZIP		92. NAME	
93. NAME		93. STREET ADDRESS	
94. STREET ADDRESS		94. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
95. CITY, ST, ZIP		95. NAME	
96. NAME		96. STREET ADDRESS	
97. STREET ADDRESS		97. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. CITY, ST, ZIP		98. NAME	
99. NAME		99. STREET ADDRESS	
100. STREET ADDRESS		100. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.011(1)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the receiver or trustee empowered to issue this report as required by Chapter 17, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or as an attachment with an address.

SIGNATURE: *James S Birch* 4/28/95 3059819497
 PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **James Birch D.**