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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90130 001 \*\*\*150.00

DOCUMENT	#	M77957
		,,,, , <del>, , , , , , , , , , , , , , , ,</del>

1. Corporation Name

SALDISTRIBUTORS, INC.

יטוט ואט	THEOTORIO, INC.										
Principal Place	of Business	М	ailing Address					1 18418811 (21 1881) 18818 18181 81111 1881 91911	319tt 21911 61911	01011 61011 1001	
%-DENEEN PAL	<del></del>	C/	O KENNETH L DANIELSO	ON			(				
1901 TIGERTAIL			01 TIGERTAIL BLVD.				- }				
DANIA FL 33004	l .	_	NIA FL 33004				<u> </u>	DO NOT WRITE IN THIS SPACE			
		US						3. Date Incorporated or Qualifed 04/26/1988			
2. Principal Pl	ace of Business	2a	. Mailing Address					4. FEI Number	A	pplied For	
21		26					1	65-0049546	N	ot Applicable	
Suite, Apt.	#, etc.	7	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional	
22	المراجع المحاضر والمحاضر والمحاضر	27				<u></u>	- <u>-</u>	5. Certificate of Status Desired	Fee R	equired	
City & State			City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28						Trust Fund Contribution	Added	to Fees	
Zip	Country		Zip	Cou	intry			8. This corporation owes the current year Intangible			
24	25	29		30			1	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Regis	stered Agent				1	10. Name and Address of New Registered	Agent		
			_ <del>-</del>		81	Name				]	
	Houri, Peter		÷ .*			Chroni	A -1 -1	(P.O. Box Number is Not Acceptable)			
1901	TIGERTAIL BLVD.				82	Street	Address	(P.O. Box Number is Not Acceptable)		1	
DANI	A FL 33004			-	83						
	•										
	•		*		84	City	-	FI	85 Zip	Code	
5	to the available of Continue 607 050	2	COT 1500 Elada Statuta	oe tha a		named	cornoral	tion submits this statement for the numose of	f changing its	s registered	
office or re	edistered agent, or both, in the State (	ot Flori	da. Such change was at	uthorize	יעם ני	the corpo	oration's	board of directors. I hereby accept the appo	intment as re	egistered	
agent. i ar	m familiar with, and accept the obligation	tions of	f, Section 607.0505, Flo	rida Stat	utes					ì	
SIGNATURE								en reinstating) DATE			
	Signature, typed or printed name of registered ager OFFICERS AN		<del></del>	<del></del> -	Agen	t signature n	required whi	en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	2PS IN 12	
12.	D OFFICERS AN	אוע ט	☐ DELETE	13.		<del></del> -	Γ	ADDITIONS/CHANGES TO OFF TOERS A	Change	Addition	
TITLE	PECHOLIDI DETED		□ DEEE1E			Í	1				
NAME	BESHOURI, PETER			1.2 N	-		ļ			)	
STREET ADDRESS	1901 TIGERTAIL BLVD.			1.3 §	TREET	ADDRESS				)	
CITY-ST-ZIP	DANIA FL 33004				ITY-S	r-zip	<b></b> _			A defition	
TITLE	\$		☐ DELETE	2.1 T	ΠE				Change	Maddition	
NAME (	BLUMBERG, MICHAEL			2.2 N	AME	Ì	1			1	
STREET ADDRESS	1901 TIGERTAIL BLVD.			2.3 S	TREET	ADDRESS	ļ			ì	
CITY+ST-ZIP	DANIA FL 33004	_	3	2.40	ITY-S	T-ZIP		· - · · · · · · · · · · · · · · · · · ·	<u>.</u> ~		
TITLE	Ť		☐ DELETE	3.1 T	π£		}		Change	Addition	
NAME	Danielson, Kenneth L			3.2 N	AME	ļ	ļ			Ì	
STREET ADDRESS	1901 TIGERTAIL BLVD			3.3 \$	TREET	ADDRESS	1			}	
CITY-ST-ZIP	DANIA FL 33004			3.4 (	my-s	T-ZIP	]			}	
TITLE	V		☐ DELETE	4.1 T					Change	☐ Addition	
NAME	O'NEIL, CHRISTOPHER			1	IAME					Ţ	
STREET ADDRESS	1901 TIGERTAIL BLVD	-	-			ADDRESS	{			ĺ	
CITY-ST-ZIP	DANIA FL 33004				ITY-SI		]			ļ	
TITLE	5/11/1/3   E 0000T		DELETE	5.1 T		- 211			Change	Addition	
} {				5.2 N		,	-		0-	{	
NAME						ADDRESS				l	
STREET ADDRESS				•	TY-S	•	Í			Í	
CITY-ST-ZIP			DELETE	6.1 T		1-21F	<del> </del>	<del></del>	☐ Change	Addition	
TITLE			T DETELE	ь					□ ouende		
NAME				6.2 N						]	
STREET ADDRESS						'ADDRESS '				}	
CITY-ST-ZIP	<u> </u>			6.4 C	ITY-S	T-ZIP	}				

14. I hereby certify that the information supplied with this filing 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 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 trastee 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 attachment with an address, with all other like empowered.

SIGNATURE:

954-922-4434