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

**PROFIT** CORPORATION ANNUAL REPORT

1997



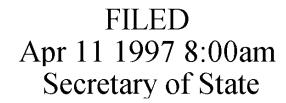
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DCUMENT # M78643

(7)



AVK DIS	STRIBUTION, INC.									
cipal Place	e of Business	Mailing Address						<b>10 1111 41616 617</b>	DIBNI DIBNI 1484	UNI 1001
SW 6 ST NTATION F		5900 SW 6 ST. PLANTATION FL 33317-391	14							
 							3. Date Incorporated or Qualified			
	lace of Business	2a. Mailing Address					4. FEI Number		<del></del>	oplied For
Suite, Apt	Hinel-Boca East	Suite, Apt. #, etc.					65-0088222	<u>-</u>		ot Applicable Additional
6400	Park of Commerce Bird.	27					<ol><li>Certificate of Status Desired</li></ol>	d 🗀		equired
Cay to Can	Raton, FL	City & State					6. Election Campaign Financia Trust Fund Contribution	ng 🗀		May Be to Fees
<sup>7ip</sup> <b>3</b> 34	Country	Zip	<b>├</b> ─¬	untry	,		8. This corporation has liability			. 199.032.
229		29	30				Florida Statutes	Yes [		
	9. Name and Address of Current	Registered Agent		B1	Name		0. Name and Address of Ne	w Hegistereo	Agent	
	DLAK, ROBERT 0 SW 6 ST.									
	NTATION FL 33317			82	Street	Address (P.O. Box Number is Not Acceptable)				
				83					,	
				84	City	·			85 Zip	Code
				1 '				FL_	•   `	
agent Ta	to the provisions of Sections 607.0502 egistered agent, or both, in the State o imitamiliar with, and accept the obligation Standard, typed or printed name of reportered agent.	ens of, Section 607.0505, Fix and fix of applicable (NOT	orida Sta	atutes	S.		Pren reinstating)	DATE	- Contained in the	
	OFFICERS AND		13.				ADDITIONS/CHANGES TO (	OFFICERS AND		
	PVTD	☐ DELETE		TITLE			•		L. Change	Addition
EL ADORESS	KROLAK, ROBERT 5900 SW 6TH STREET		- 6	NAME OTOTOT	4000000					
S1-79	PLANTATION FL		ı	SINEEI CITY-S	ADDRESS	}				
21-17	T	DELETE		TITLE	Ol-ZIF	W	S		Change	Addition
ŧ	KROLAK, JAMES D		2.2	NAME			, •			
ELADDRESS !	5900 SW 6TH STREET		2.3	STREET	ADDRESS					
S1 - 71P	PLANTATION FL		_		S1-ZIP		· · · · · · · · · · · · · · · · · · ·			
		☐ DELETÉ	- 6	TITLE		1			Change	Addition
J ADDRESS				NAME CTOFFE	ADDOCA					
ST-ZIF				DITY-S	ADDRESS	<u> </u>				
		DELETE		TITLE	31-EH			**************************************	Change	Addition
			4.2	NAME		]				
LADORESS			4.3	STREET	ADDRESS	[				
ST-7#			4.4	C(TY-S	T-ZIP	ļ				
		DELETE		TITLE					Change	Addition
. Latinbene				NAME	1000	ļ				
EL ADDRESS CLIDIO			•		ADDRESS	]				
\$1.74		DELETE	****	CITY-S TITLE	11 - CIP				Change	Addition
,		Second	. I	NAME					Jimingt	THE PROPERTY.
EL ADDRESS			J		ADDRESS					
-S1 - ZiP			6.4 (	CITY-S	IT-ZIP					
I do neret	by certify that the information supplied	with this filing does not quali-	y for the	е ехе	mption s	tated in	Section 119.07(3)(i), Florida St	atutes. I furthe	r 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #