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FILED

May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03576 (6)

1. Corporation Name
SUPER DISTRIBUTORS, INC.

Principal Place of Business

K & B PLAZA
LEE CIRCLE
NEW ORLEANS LA 70130

Mailing Address

K & B PLAZA
LEE CIRCLE
NEW ORLEANS LA 70130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1984

4. FEI Number

72-0678665

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 3165

Suite, Apt. #, etc.

22

City & State

23 HARRISBURG, PA

Zip

24 17105

County

25

2a. Mailing Address

26 P.O. Box 3165

Suite, Apt. #, etc.

27

City & State

28 HARRISBURG, PA

Zip

29 17105

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME BESTHOFF, SYDNEY J. III
STREET ADDRESS 1055 ST CHARLES
CITY-ST-ZIP NEW ORLEANS LA

TITLE P ☒ DELETE

NAME LEBLANC, JAMES
STREET ADDRESS 1055 ST CHARLES AVE.
CITY-ST-ZIP NEW ORLEANS LA

TITLE V ☒ DELETE

NAME DYER, RONALD J.
STREET ADDRESS 1055 ST CHARLES
CITY-ST-ZIP NEW ORLEANS LA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME CHARLES KIEBER
1.3 STREET ADDRESS 30 HUNTER LANE
1.4 CITY-ST-ZIP CAMP HILL, PA 17011

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME FRANK BERGONZI
2.3 STREET ADDRESS 30 HUNTER LANE
2.4 CITY-ST-ZIP CAMP HILL, PA 17011

3.1 TITLE VT ☐ Change ☒ Addition

3.2 NAME JOSEPH SPEAKER
3.3 STREET ADDRESS 30 HUNTER LANE
3.4 CITY-ST-ZIP CAMP HILL, PA 17011

4.1 TITLE VS ☐ Change ☒ Addition

4.2 NAME I. LAWRENCE GELMAN
4.3 STREET ADDRESS 30 HUNTER LANE
4.4 CITY-ST-ZIP CAMP HILL, PA 17011

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME FRANKLIN BROWN
5.3 STREET ADDRESS 30 HUNTER LANE
5.4 CITY-ST-ZIP CAMP HILL PA 17011

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME ELLIOT S. GERSON
6.3 STREET ADDRESS 30 HUNTER LANE
6.4 CITY-ST-ZIP CAMP HILL PA 17011

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 trustee 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.

SIGNATURE

[Signature]

171771 2107

CR2E034 (10/97)