FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011006 (3)**

1. Corporation Name

DEAA DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
123 AUGUSTA CT JUPITER FL 33458 US	123 AUGUSTA CT JUPITER FL 33458 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0385907	☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GARBER, DAVID G
123 AUGUSTA CT
JUPITER FL 33458

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 Section 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: _____ (Typed or printed name of person signing) (Title if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
51 TITLE	D	71 TITLE	☐ Change ☐ Addition
52 NAME	GARBER, DAVID	72 NAME	
53 STREET ADDRESS	AUGUSTA CT	73 STREET ADDRESS	
54 CITY ST ZIP	JUPITER FL	74 CITY ST ZIP	
55 TITLE		75 TITLE	☐ Change ☐ Addition
56 NAME		76 NAME	
57 STREET ADDRESS		77 STREET ADDRESS	
58 CITY ST ZIP		78 CITY ST ZIP	
59 TITLE		79 TITLE	☐ Change ☐ Addition
60 NAME		80 NAME	
61 STREET ADDRESS		81 STREET ADDRESS	
62 CITY ST ZIP		82 CITY ST ZIP	
63 TITLE		83 TITLE	☐ Change ☐ Addition
64 NAME		84 NAME	
65 STREET ADDRESS		85 STREET ADDRESS	
66 CITY ST ZIP		86 CITY ST ZIP	
67 TITLE		87 TITLE	☐ Change ☐ Addition
68 NAME		88 NAME	
69 STREET ADDRESS		89 STREET ADDRESS	
70 CITY ST ZIP		90 CITY ST ZIP	
91 TITLE		92 TITLE	☐ Change ☐ Addition
93 NAME		94 NAME	
95 STREET ADDRESS		96 STREET ADDRESS	
97 CITY ST ZIP		98 CITY ST ZIP	

14. I further hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above or on an attachment with an address.

SIGNATURE: D 4/3-/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0269327 CP