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Apr 22 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 # P93000053390 (9)

1. Corporation Name  
RJ ALLEN DISTRIBUTORS, INC.



Principal Place of Business  
666 SE STREAMLET AVE  
PT ST LUCIE, FL  
HOLLYWOOD FL 34983  
US

Mailing Address  
664 SE STREAMLET AVE  
PT ST LUCIE FL 34983  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/27/1993

4. FEI Number  
65-0427077

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  
21 577 SW WOODCREEK DR  
Suite, Apt. #, etc.

2a. Mailing Address  
26 577 SW WOODCREEK DR  
Suite, Apt. #, etc.

22 City & State  
23 Palm City, FL  
24 Zip 34990 25 Country USA

27 City & State  
28 Palm City, FL  
29 Zip 34990 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, ROBERT J  
3900 N. HILLS DR. #107  
HOLLYWOOD FL 33021

81 Name ALLEN, ROBERT J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
577 SW WOODCREEK DR.  
83  
84 City Palm City FL 85 Zip Code 34990

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 Robert J. Allen  
Signature, typed or printed name of registered agent and title if applicable

RESIDENT (ROBERT J. ALLEN)

4/15/98  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ALLEN, ROBERT J  
STREET ADDRESS 3900 N. HILLS DR. #107  
CITY-ST-ZIP HOLLYWOOD FL 33021

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME ALLEN, ROBERT J.  
1.3 STREET ADDRESS 577 SW WOODCREEK DR.  
1.4 CITY-ST-ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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.

CR2E034 (10/97)