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 APR 20 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057335 (0)**

1. Corporation Name
MRM DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
6800 NW 14TH STREET SUITE 5 PLANTATION FL 33313	6800 NW 14TH STREET SUITE 5 PLANTATION FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/11/1993**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0430281**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax (under S. 199.032 Florida Statutes) ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

HOLOWICKI, RICHARD J
6800 NW 14TH STREET
SUITE 5
PLANTATION FL 33313

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLOWICKI, RICHARD J	1.2 NAME	HOLOWICKI, RICHARD J	
STREET ADDRESS	9851 NW 10 CT	1.3 STREET ADDRESS	1465 S.W. 47TH WAY	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLOWICKI, MICHAEL	2.2 NAME	HOLOWICKI, MICHAEL R	
STREET ADDRESS	7175 ORANGE DR #310	2.3 STREET ADDRESS	9821 S.W. 14TH ST	
CITY-ST-ZIP	DAVIE FL 33314	2.4 CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SWANSON, MARK	3.2 NAME	MARK SWANSON	
STREET ADDRESS	1485 ORANGE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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 on an attachment with an address.

SIGNATURE: Richard J. Holowicki PRES 4-5-95 305-792-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD J. HOLOWICKI, PRES

0822094 CP