

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90006 018 \*\*\*150.00

DOCUMENT # P93000065855

1. Corporation Name

ASSOCIATED DISTRIBUTORS OF SOUTH FLORIDA, INC.



Principal Place of Business

2324 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

Mailing Address

2324 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1993

4. FEI Number

65-0438339

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2125 N Commerce Pkwy

2a. Mailing Address

26 2125 N Commerce Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WESTON, FL

City & State

28 WESTON, FL

Zip

24 33326

Country

25 USA

Zip

29 33326

Country

30 USA

9. Name and Address of Current Registered Agent

REINER, SAMUEL B II  
801 BRICKELL AVE.  
SUITE 1901  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

DICKINSON WALTER C

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

2125 N Commerce Pkwy

83

84 City

WESTON

FL

85 Zip Code

33326

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.

WALTER C DICKINSON

4-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE

D  
NAME  
DICKINSON, WALTER  
STREET ADDRESS  
2324 HOLLYWOOD BLVD.  
CITY-ST-ZIP  
HOLLYWOOD FL 33020

☐ DELETE

TITLE

D  
NAME  
DICKINSON, LUCILLE  
STREET ADDRESS  
2324 HOLLYWOOD BLVD.  
CITY-ST-ZIP  
HOLLYWOOD FL 33020

☒ DELETE

TITLE

D  
NAME  
DICKINSON, WALTER C  
STREET ADDRESS  
2324 HOLLYWOOD BLVD.  
CITY-ST-ZIP  
HOLLYWOOD FL 33020

☐ DELETE

TITLE

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☒ Change ☐ Addition

DICKINSON, WALTER  
2125 N. Commerce Pkwy  
WESTON, FL 33326

☐ Change ☐ Addition

DP ☒ Change ☐ Addition  
DICKINSON, WALTER C  
2125 N. Commerce Pkwy  
WESTON, FL 33326

☐ Change ☒ Addition

DVT  
DICKINSON, JANILE C  
2125 N Commerce Pkwy  
WESTON, FL 33326

☐ Change ☒ Addition

VS  
MACOMBER, BONNIE L  
2125 N Commerce Pkwy  
WESTON, FL 33326

☐ Change ☒ Addition

☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

WALTER C DICKINSON

4-30-99

954-217-1080  
Daytime Phone #

CR2E034 (11/98)