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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE

P93000080921 (8)

J.J. DISTRIBUTION CO.

Principal Place	e of Business	Mailing Addre	ess							
7825 HOLLYWOOD BLVD PEMBROKE PINES FL 33024		7825 HOLLY PEMBROKE	7825 HOLLYWOOD BLVD PEMBROKE PINES FL 33024							
						3. Date Incorporated 11/18/1993	or Qualified	3a. Date of 12/2		•
2. Principal Pl	lace of Business	2a. Mailing Ad	ldress			4. FEI Number		16/6		Applied For
21		26				65-045574	1			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Statu		. \$		5 Additional
2		27			77115444	5. Certificate of Stati	us Desired			Required
City & State	8	City & Stat	te			6. Election Campaign	n Financing	F	\$5.0	0 May Be
Zip	Country	28		т		Trust Fund Contrit		L.J	Adde	d to Fees
4	25	Zip 29		Country	У	8. This corporation h	as liability for i	ntangible tax ur	ider s	199.032,
	9. Name and Address of Cu			30		Florida Statutes	Yes			
**************		3.00.00		81	Name	10. Name and Addre	ss of New H	egistered Age	nt	
FIIT JE	FFREY J									
	. ROGERS CIRCLE			82	Street Ad	dress (P.O. Box Number is	Not Acceptabl	e)		
	ATON FL 33487			83	 		····	·		

44 5				84	- 7	· · · · · · · · · · · · · · · · · · ·		FL 8		p Code
or registere familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of F th, and accept the obligations of, S	9502 and 607,1508, Flori Florida. Such change wa Section 607,0505, Florida	ida Statut e s authori ze a Statutes.	s, the above- id by the com	named corpo poration's bo	oration submits this stateme ard of directors. I hereby ac	ent for the purposept the appo	ose of changin introent as regi	g Its r stered	egistered office lagent. Lam
SIGNATURE _										
SIGNATURE _	Signature, typed or printed name of registered a	agent and tile if applicable.		E: Registered Ager	nt signature requir	ed when reinstating	n	DATE		
SIGNATURE	Signature, types or printed name of registeres a OFFICERS	agoot and tile if applicable. AND DIRECTORS	10/1)	E: Fingiste ed Ager	nt signature requir	ed ween reinstating: ADDITIONS/CHAN	GES TO OFFI		ECTO	RS IN 12
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HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.981-7283