FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sariora B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # P93000081041 (4)

1. Corporation Name ALLEGIANCE MERCHANDISE DISTRIBUTORS CORPORATION

Mailing Address

SIGNATURE: Poly B. FORMEST REDNEY B. FORMEST

2178 W 60 S Unit 18215 Hialeah FL :	33016	2178 W 60 STREET UNIT 18215 HIALEAH FL 33016			Oate Incorporated or Qualified 01/01/1994 4. FEI Number	3a. Date of Last Report 05/01/1995 Applied For				
. Principal Place	e of Business	2a, Mailing Address				65-0451551		⊢	Not Applicable	
Cuito Ast #	ota	26 Suite. Apt. #, etc							Additional	
Suite, Apt. #.	eic.	27				5. Certificate of Status Desired		Fee	Required	
Crty & State		City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
L	Country	Zφ	Count	try		8. This corporation has liability for		tax under s	199.032,	
<u>`</u>	25	[29]	[30]				□No			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New I	registered	Agent		
					81 Name					
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTRD					82 Street Address (P.O. Box Number is Not Acceptable)					
343 ALMERIA AVENUE CORAL GABLES FL 33134				33						
				3						
			[8	84	City		F	85 Z	ip Code	
familiar with	and accept the obligations of, Se	ction 607.0505, Florida Statute	28.			and of directors. Thereby accept the appearance must be personally accept the appearance of when must be accepted to the appearance of when must be accepted to the accepted t	DAR			
2 .		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	ICERS A			
ITLE	PD	DELETE	1.11[LF				☐ Change	Addition	
IAME	FORREST, RODNEY B		1.2 NA!	MΕ						
STREET ADDRESS	2178 W. 60 STREET #18	215	13 SIA	REET	ADDRESS					
DITY-ST-ZIP	HIALEAH FL	STATE OF STA	1.4 CH	-	31 - ZIP			☐ Change	Addition	
ITLE		☐ DELETE	2 1 1(1					Change		
VAME			2 2 NA!		ADDRESS					
STREET ADDRESS			2 3 3 II		i					
CHTY - ST - ZIP		DELETE	3 1 Til					☐ Change	Addition	
NAME			3 ? NA	М						
STREET ADDRESS			3 3 ST	REE	LADORESS					
DITY-ST-ZIP			3.4 (4)	ΓY - 5	ST - ZIP			FT1 05	FT 4421 -	
THTLE		☐ DELETE.	: 4 1 II					Change	: Addition	
NAME			4 2 NA							
STREET ADDRESS					T ADDRESS					
CITY - ST - ZIP		T) DELETE	4 4 Cil		ST-ZIP			Change	Addition	
TITLE		L Betell.	5 2 NA						_	
NAME erocci adodess					LADDRESS					
STREET ADDRESS					S1-2IP					
CITY-SI-ZIP TILLE		DELETE	6 1 1					Chang	e 🔲 Additio	
NAME			6.2 N	AME						
STREET ADDRESS			6351	HEE	LACIORESS					
			6 4 CI	ITY -	ST-7IP		0.07894	Florida Ora	to the contract of the contrac	
certify that	y certify that the information supplies the information indicated on this a lam an officer or director of the collaboration 12 or Block 13 if changed	nndal report or supplemental a invaration or the receiver or trus	arnuar report i stee embowei	dor is tr red	es not qualif rue and accu I to execute	y for the exemption stated in Soction 1 trate and that my signature shall have the this report as required by Chapter 607,	e.oz(3)(K), ie same le Florida Sta	itutes, and	tates. Florings if made und that my nanie	