

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

NOTE

DOCUMENT # P94000004936

1. Corporation Name

AVON DISTRIBUTION SYSTEMS, INC.

Principal Place of Business

1103 N. 22ND ST.
TAMPA, FL 33605

Mailing Address

P. O. BOX 76504
TAMPA, FL 33675

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1103 N. 22ND ST.

2a P. O. BOX 76504

4. FE Number

59-3224444

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 has liability for intangible tax under s. 199.032
Florida Statutes

Yes No

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TAMPA, FL

26 TAMPA, FL

Zip

Country

Zip

Country

24 33605

25 USA

28 33675

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mr. James Goodwin, Esquire
MacFarlane, Ferguson, P.A.
111 E. Madison Avenue, Suite 2300
Tampa, Florida 33602

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 607.1608, 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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE

NAME
Gerald F. Lux

STREET ADDRESS
24 Dunham Dr.

CITY-ST-ZIP
LYNNFIELD, MA. 01940

12. TITLE

NAME
LYNNFIELD, MA. 01940

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