

FILE NOW: FILING FEE AFTER MAY 1 IS \$500

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000026878 (6)
1. Corporation Name
WEST FLORIDA DISTRIBUTION CENTER, INC.



Principal Place of Business
3033 MERCY DR.
ORLANDO FL 32808
US

Mailing Address
3033 MERCY DR.
ORLANDO FL 32808-3113
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 City

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report: 05/20/1996
4. FEI Number: 59-3232891
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

9. Name and Address of Current Registered Agent
EDGAR, CANDICE B
3033 MERCY DR
ORLANDO FL 32808

10. Name and Address of New Registered Agent
31 Name: Paul W. Moses II
32 Street Address (P.O. Box Number is Not Acceptable): Maguire Voorhis & Wells, P.A.
33 City: Two South Orange Plaza
Orlando FL 32802

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DC	DOEBLER, DONALD W	1.1 TITLE: <input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3033 MERCY DR	ORLANDO FL	1.2 NAME:
CITY-ST-ZIP:		1.3 STREET ADDRESS:
TITLE: V	CZECH, DONALD R	1.4 CITY-ST-ZIP:
STREET ADDRESS: 3033 MERCY DR	ORLANDO FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		2.2 NAME:
TITLE: VST	EDGAR, CANDICE B	2.3 STREET ADDRESS:
STREET ADDRESS: 3033 MERCY DR	ORLANDO FL	2.4 CITY-ST-ZIP:
CITY-ST-ZIP:		3.1 TITLE: v/s <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	DOEBLER, DAVID R	3.2 NAME:
STREET ADDRESS: 3033 MERCY DR.	ORLANDO FL	3.3 STREET ADDRESS: Orlando, FL. 32808
CITY-ST-ZIP:		3.4 CITY-ST-ZIP: P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE:
STREET ADDRESS:		4.2 NAME:
CITY-ST-ZIP:		4.3 STREET ADDRESS: Orlando, FL. 32808
TITLE:		4.4 CITY-ST-ZIP:
STREET ADDRESS:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP:		5.2 NAME:
TITLE:		5.3 STREET ADDRESS:
STREET ADDRESS:		5.4 CITY-ST-ZIP:
CITY-ST-ZIP:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		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 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: [Signature] DATE: 4-16-97 (407) 297-0141

CR2E034 (9/96)