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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P94000044233 (2)**

1. Corporation Name
FLORIDA DISTRIBUTION SYSTEMS, INC.

Principal Place of Business	Mailing Address
280 NORTH DR MELBOURNE FL 32934 US	280 NORTH DR MELBOURNE FL 32934 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1994

2. Principal Place of Business
21: 7552 CHANCELLOR DR
22: Suite, Apt. #, etc.
23: City & State: ORLANDO, FL.
24: Zip: 32809 — 25: Country

2a. Mailing Address
26: 7552 CHANCELLOR DR
27: Suite, Apt. #, etc.
28: City & State: ORLANDO, FL
29: Zip: 32809 — 30: Country

4. FEI Number: 59-3251418 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

DENEEN, THOMAS
4317 FORTUNE PLACE
WEST MELBOURNE FL 32904

10. **Name and Address of New Registered Agent**

81 Name: THOMAS DENEEN
82 Street Address (P.O. Box Number is Not Acceptable): 7552 CHANCELLOR DR.
83:
84 City: ORLANDO FL 85 Zip Code: 32809

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: TSD 4-30-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT P	☑ Change ☐ Addition
NAME	DENEEN, THOMAS		1.2 NAME	THOMAS DENEEN	
STREET ADDRESS	280 NORTH DR		1.3 STREET ADDRESS	7552 CHANCELLOR DR.	
CITY-ST-ZIP	MELBORUNE FL		1.4 CITY-ST-ZIP	ORLANDO, FL. 32809	
TITLE		☐ DELETE	2.1 TITLE	VICE PRESIDENT V	☐ Change ☑ Addition
NAME			2.2 NAME	DAVID P ASTOLFI	
STREET ADDRESS			2.3 STREET ADDRESS	7552 CHANCELLOR DR	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	ORLANDO, FL. 32809	
TITLE		☐ DELETE	3.1 TITLE	SEC'Y/TREASURER S/T	☐ Change ☑ Addition
NAME			3.2 NAME	CLAUDIA DENEEN	
STREET ADDRESS			3.3 STREET ADDRESS	7552 CHANCELLOR DR	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	ORLANDO, FL. 32809	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: 4-30-98 407-259-4930