FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400045843 (7)

Corporation Name

H J DISTRIBUTION SERVICES, INC.

| Principal Place of Business 2932 NW 27TH ST. BLDG. 14, LAUDERDALE LAKES INDUSTRIAL PARK FT. LAUDERDALE FL 33311 Principal Place of Business Mailing Address 2932 NW 27TH ST. BLDG. 14, LAUDERDALE LAKES INDUSTRIAL PARK FT. LAUDERDALE FL 33311 | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------|
| | | | | | Date Incorporated or Qualified 06/20/1994 | 3a. Date of Last Report 10/17/1996 |
| 2. Principal | Place of Business | 2a, Mailing Address 26 | | | 4. FEI Number 11-3222985 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & St | ale | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country Zip Co | | Count | у | 8. This corporation has liability for intangible tax under s. 199.032, | |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | 30 | Florida Statutes Yes X No 10. Name and Address of New Registered Agent | | |
| PI | ULICHINO, JOHN | t negistered Agent | В | Name | ID. Hand and Address of New Hoy | hatesen vilens |
| 36 | 321 N.W. 52ND STREET | | 82 Street Addr | | ress (P.O. Box Number is Not Acceptable | 6) |
| B | OCA RATON FL 33498 | | 8 | 83 | | |
| | | | 8 | 4 City | a | 85 Zip Code |
| 44 Dureum | et to the prevision and Spotlage 607.050 | 2 and 607 1509 Florida State | itos the abo | yo named cor | poration submits this statement for the pu | FL veget of changing its registered |
| SIGNATURE | Suprature, systed or protect han c of registered age OFFICERS ANI | nt and title if applicable (NC | | gent signature requi | ation's board of directors. I hereby accept when reinstaling) ADDITIONS/CHANGES TO OFFICE | 15/97 DAYE |
| NAME STREET ADDRES | | | 1.2 NAM 1.3 STRE | ET ADDRESS | 5820 NW 42 WAY | |
| CHY-S1-ZIP | | | 1.4 CITY | ST-ZIP | BOCA RATON, FL 33491 | |
| THLE | PULICHINO, JOHN | ☐ DELETE | 2.1 TITLE 2.2 NAM | E | a NB and | Change Addition |
| STREET ADDRES | S HOCA RATON FL 33498 | | | 1 7 | 3621 NW 52 ⁵⁰ ST BOCA RATON FL | 33496 |
| TIME | | DELETE | 3.1 TiTLE | | | Change Addition |
| NAME | | | 3.2 NAM | E | | |
| STREET ADORES | s | | 3.3 STRE | ET ADDRESS | | |
| C 1Y-51-20F | | | 3.4. CITY | -ST-ZiP | | |
| TITLE | | DELETE | 4.1 TITLE | J | | Change Addition |
| NAME | | | 4. 2 NAN | | | |
| STREET ADDRES | s | | | ET ADDRESS | | |
| CITY ST 70P | | DELETE | 4.4 CITY | · | | Change Addition |
| THLE | | L. J DECETE | 5.1 Title 5.2 Nam | | | Change |
| 1 | | | , | ļ | | |
| STREET ADDRES | 3 | | | ET ADDRESS | | |
| TITLE | | | 5.4 CITY 6.1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAM | 1 | | |
| STREET ADDRES | s | | | ET ADDRESS | | |
| CITY-ST-ZP | 1 | | 6.4 CITY | J | | |
| 14. I do he | tion indicated on this non-al-coport or a | unniamental annual ranari ir | alify for the e | cemption state | ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal | I affect as if made under eath: that |
| Lam ar appear | non indicated on this annual report of s i officer or director of the corporation of s in Block 12 or Block 13 I changed, o | supplemental annual report is the lecolver or trustee empor r on an attachment with an ac | wered to ex ddress. | curate and tha scute this repo | at my signature shall have the same legal ort as required by Chapter 607, Florida St | tatutes; and that my name |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/97 561-995-4822 Date Daytimo Priore # 0269357

FILED

Apr 23 1997 8:00am

Secretary of State