## FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT

Sandra B. Mort

Secretary of Sta

DIVISION OF CORPORATIONS

P94000052104 (4)

**FILED** Jan 23 1998 8:00am Secretary of State

MATER	HAL DIST	RIBUTORS, INC.								
Principal Plac	ce of Busines	s	N	Mailing Address		·		T LEGINARI ING IDAN GRAN GRAN GRAN GRAN GRAN GRAN GRAN GR	and fiedhaidh D	DPR QUOI PAQI
6821 NE 21ST DR				6621 NE 21ST DR						
FT LAUDERDALE FL 33308				FT LAUDERDALE FL 33308				55 4107 1410175 141 714		
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 07/11/1994		
2. Principal Place of Business				2a. Mailing Address				4, FEI Number		applied For
21				26				65-0504896	<del></del>	lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						Additional
22			27					5. Certificate of Status Desired	Fee F	Required
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be
23			28	28				Trust Fund Contribution		to Fees
Zip		Country		Zip	——	untry	′	8. This corporation owes or has paid the o		
24	o Name	and Address of Curre	29	stered Agent	30	Τ.		Personal Property Tax due June 30.  10. Name and Address of New Registere		No
ANDREW, SCOTT						81	Name	10. House and Gorioss of Heat Dagisteld	- Agoilt	
6621 NE 21ST DR										
FT LAUDERDALE FL 33308						82	Street Add	ress (P.O. Box Number is Not Acceptable)		
• • •						83				
						2.4				
						84	City	F	<b>85</b> Zip	Code
office or agent. I a		pent, or both, in the State th, and accept the oblig or prented name of registers Lag						poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate when renstating)  DATE	or changing opointment as	its registered s registered
12.		OFFICERS AN	ID DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	RS IN 12
TITLE	D			☐ DELETE	1.1	IITLE			Change	Addition
NAME		V, SCOTT				1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS		21ST DR								
CITY-ST-ZIP	FI LAUL	DERDALE FL 33308		- Drueve		CITY-S	T-ZIP		T-1 -	
TITLE				[_] DELETE	2.1 1				Change	L Addition
NAME	1				F	NAME				
STREET ADORESS							ADDRESS			
CITY-ST-ZIP TITLE	<del>-</del>			DELETE	3.1 7	CITY - S	ST-ZIP		☐ Change	Addition
NAME				OLLLIE		IAME			☐ Change	L_) Addition
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP						CITY-S	- 1			
TITLE				DELETE	411		71-211		Change	Addition
NAME					4 2	Name				_
STREET ADDRESS					439	TREET	ADDRESS			
CITY-ST-ZIP					4.4 0	HTY-S	T- ZIP			
TITLE		DELETE 5.1		5.1 7	ITLE			Change	Addilion	
NAME					5.2 N	AME				
STREET ADDRESS					620	TREET	ADDRESS			
CITY-ST-ZIP	I				3.3 3	INTELL I	···			
TITLE	·					ITY-S	i i			
*****				DELETE		ITY-S	i i		☐ Change	☐ Addition
NAME				☐ DELETE	5.4 0	ITY-S ITLE	i i		☐ Change	Addition
				□ DELETE	5.4 C 6.1 T 6.2 N	ITY-S ITLE IAME	i i		Change	☐ Addition

ies not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. Further certify that the informatio is true and accurate and that my signalure shall have the same legal effect as if made under oath; that I am an emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental an officer or director of the corporation or the ceiver Block 12 or Block 13 if changed or on an alter im-