

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000052549 (0)

1. Corporation Name

AMELIA DISTRIBUTION SYSTEMS INC.



Principal Place of Business

Mailing Address

~~833 FEDERAL HIGHWAY~~  
~~LAKE PARK FL 33403~~

~~333 FEDERAL HIGHWAY~~  
~~LAKE PARK FL 33403~~

2. Principal Place of Business

2a. Mailing Address

21 659 SW Bittern St.

26 659 SW Bittern St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Palm City FL

28 Palm City FL

Zip

Country

Zip

Country

24 34990

25

29 34990

30

3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

06/06/1995

4. FEI Number

65-0510540

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ETELSON, ROBERT B -~~  
~~333 FEDERAL HIGHWAY~~  
~~LAKE PARK FL 33403~~

81 Name DORIS Etelson

82 Street Address (P.O. Box Number is Not Acceptable)

659 SW Bittern St.

83

84 City Palm City

FL

85 Zip Code 34990

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 607.1508, Florida Statutes.

SIGNATURE X

Signature, typed or printed name of registered agent, if any, and date of appointment.

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

6/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME ~~ETELSON, ROBERT B -~~  
STREET ADDRESS ~~333 FEDERAL HIGHWAY -~~  
CITY-ST-ZIP ~~LAKE PARK FL 33403~~

TITLE VT ☐ DELETE

NAME CONSTANTINO, CHRISTOPHER  
STREET ADDRESS 333 FEDERAL HIGHWAY  
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE P ☐ Change ☒ Addition

2. NAME DORIS ETELSON  
3. STREET ADDRESS 659 SW BITTERN ST.  
4. CITY-ST-ZIP PALM CITY, FL 34990

2. TITLE ☐ Change ☐ Addition

2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

200001892372  
-07/12/96-01062-001  
\*\*\*233.75

7-11-96  
JHE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

407-288-0924

CR2E034 (12/95)