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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000062541 (5)

EASTERN SERVICE DISTRIBUTION CENTER INC.

Principal Place of Business

Mailing Address

FILED May 27 1998 8:00am Secretary of State



2100 CORPORATE DRIVE BOYNTON BEACH FL 33426 2100 CORPORATE DRIVE BOYNTON BEACH FL 33426 2100 CORPORATE DRIVE BOYNTON BEACH FL 33426											.	rated or Qu		E IN THIS	SPACE	···		7
2. Principal Pla	ace of Busine		2a. Mailing Address					08/29/1994 4. FEI Number						Applied For				
21 S.E. 5TH AVENUE					21 S.E. 5TH AVENUE					65-0520227						Not Applicable		
Suite, Apt. #, etc.				Suite, Apl. #, etc. 27												\$8.75 Additional Fee Required		
City & State DELRAY BEACH, FL				City & State DELRAY BEACH, 1				'L		Election Campaign Financing Trust Fund Contribution					\$5.00 May Be Added to Fees			
Zip 3348	4		ВЕАСН		Zip 33483	30	Country PALM		ACH	Per	sonal Prop	ion owes or perty Tax d	ue June	30.] Yes _	Intang N	•	
	g, Name a	nd Address	of Current F	Regis	tered Agent	·						ddress of	New Ro	gistered	Agent			7
	SELIT, RICH						81	Name	JOSI	ELIT	, RIC	CHARD						
2070 HOMEWOOD BLVD.								Street 14 1 38 (Fro Rees The Manual AND ACCOPATION II.									 →	7
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							84	City]	BOYN	ITON	BEAC	CH,		FI.	85 31	342	6	
11. Pursuant t	o the proyago	ris of Section	is 607.0502 a	nns 6	07.1508, Flor ida	Statutes,	the above	e-namec	corpor	ation su	bmits this	statement	for the		changing	its re	gistered	1
office or re agent. I ar	egistered (ade m familiar viri	nt or both, ir i, ing accep	r the State of Lthe obligation	Horid ons of	07.1508, Flor ida da. Such chan g l, Section 607.0	e was auth 505, Florid	iorized by a Statutes	the cor	poration	n's boar	d of direct	ors. I hereb	у ассе	pt the app	ointment a	ger as	istered	1
SIGNATURE	しょん	M	_															1
	Signature Typina o		regetered agent a			INO16 Be	gistered Age	nt signatur	e required					DATE				- <u>[</u>
12.	DPT	OD	ICERS AND I	HH C	TORS DEL	ETE	13.		DPT		ITIONS/CI	HANGES TO	O OFFI		Change		N 12 Addition	-18
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TITLE	DVP				DELI	TE	2.1 TITLE	1.44	DVF		A DEC	1011	<u> </u>	7747	Change	. [Addition	∣է
NAME	JOSELIT,	RICHARD					2.2 NAME		,		r. RI	CHARI	D		^			1
STREET ADDRESS 2070 HOMEWOOD BLVD.				2.3								MANO		PATI.				
CITY-ST-ZIP	DELRAY I	BEACH FL	33426				2.4 CITY-5	31 - 7IP				CHI			6			
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NAME							3.2 NAME											
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14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

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