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PROFIT CORPORATION ANNUAL REPORT



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

	1996	
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DOCUMENT # P9400071390 (6) 1. Corporation Name D & N DISTRIBUTORS, INC.							
Principal Place	of Business	Mailing Addre	ess			i e ffe obtif oktie i ebo t f	IBAB INNE URNU BENU FOL
12637 LYST ORLANDO F			Sterfield Ct) Fl 32837				
					 Date Incorporated or Qualified 09/26/1994 	3a. Date of La 05/1	ast Report 6/1995
2. Principal Pla	ce of Business	2a. Mailing Ad	ddress		4. FEI Number		Applied For
Suite, Apt. #	epto	Suite, Ant	t t ob.		59-3274424		Not Applicable
2	, 0.0	27 Saite, April	i. m, eig.		5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City 8 Sta	ate		6. Election Campaign Financing		5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for		····
1	25 9. Name and Address of Curren	29	30			s No	
	9. Name and Address of Currer	ni negisterea Age	nt	81 Name	10. Name and Address of New I	Registered Agen	<u>t</u>
HAVES	ROBERT \$						
	VINE ST			82 Street Add	lress (P.O. Box Number is Not Acceptat	ble)	
	WEE FL 34741			83			
				84 City		-, 85	Zip Code
O TOSTOTO	the provisions of Sections 607.0502 d agent, or both, in the State of Flori n, and accept the obligations of, Sect	ida Sugri dhariae w	as auguonzeu dy m		oration submits this statement for the pu and of directors. Thereby accept the app	rpose of changing pointment as regist	its registered offic fered agent. Lam
familiar with	n, and accept the obligations of, Sect	tion 607.0505, Florid	as aumonized by thi da Statutes		and of directors. I hereby accept the app	rpose of changing pointment as regist	fered agent. I am
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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1

407-856-7055