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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000072758 (3)

DISTRIBUTION SYSTEMS OF FLORIDA, INC.

CAFE, INC. W/C 12/30/96

FILED Mar 24 1997 8:00am Secretary of State



2808 REMINGTON GREEN N., SUITE JH P.O.		Mailing Address			
		P.O. BOX 13567			
TALL FL 3230 US)6	TALLAHASSEE FL 32317- US	3567		
US		US		3. Date Incorporated or Qualified 10/04/1994	3a. Date of Last Report 04/24/1996
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3251085	Not Applicable
Suite Apt.	. #_etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stail	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip .	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	25	[29]	30		Yes No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
280	TTERFIELD, H.C. III — 08 N. REMINGTON GREEN CIR. , LLAHASSEE FL 32308	Suite H	<u> </u>	dress (P.O. Box Number is Not Acceptable	85 Zip Code
			GA City		FL 33 Zip Code
11. Pursuant	to the provisions of Sections 607 050.	2 and 607.1508, Florida Statu	tes, the above-named co	rporation submits this statement for the pu	irpose of changing its registered
office or agent 17	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607,0505. F	authorized by the corporation and Statutes.	ation's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Diana Il	DATON DION	DIANE	SATTEREIEIT POE	CARATE 3/18/47
SIGNALON	Ships there typical or profess name of registered age		1£: Registered Agent signature req	uired when reinstating)	DATE THE STORY
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	
1011	PD	☐ DELETE	1.1 TITLE Z	So Tono	Change Additio
NAME	-SATTERFIELD, H.O. III	C	1.2 NAME .	PATTERFIELD, DIF	WE H.
STREET ADDRESS	2808 REMINGTON GREEN NO)RTH, フム <i>IT</i> を に	1.3 STREET ADDRESS	·	
C-Tr-ST-74P	TALLAHASSEE FL		1.4 CITY - ST-2IP		
1FLF	8	☐ DELETE	21 TITLE S	Y	Change Addition
NAME	-HARTSFIELD, CHRISTINE	Sum Il	2.2 NAME	FOSTER, JILL) ,
STREET ADDRESS		MIH, JUINE H	2.3 STREET ADDRESS	,-,	
CITY ST-70P	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE		L DELETE	3.1 TITLE		Change Additio
NAME			3.2 NAME		
STHEEL ADDRESS			3.3 STREET ADDRESS		
CITY-SF-702			3.4. CITY-ST-ZIP		
TillE	\	☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Citi-St ZiP			4.4 CITY-ST-ZIP		
100 %		☐ D£LETE	5.1 TITLE		Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
C:1Y - S1 - ZIP			5 4 CITY-ST-ZIP		
TILLS		DELFTE	6.1 TITLE	20000212 -03/24/970113 ***173.75	Change Addition
NAME			6.2 NAME	<u> </u>	2024
STREET ADDRESS			6.3 STREET ADDRESS	~U3/64/31~~U113	ב טבד
	1		6.4 CITY-ST-ZIP	ホホホ1(つ。(つ	

14. I do hereby certify that the information supplied with this filing 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 different 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