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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



ELORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076554 (2)

GLOBAL DISTRIBUTORS & SERVICE, INC.

Principal Place of Business Mailing Address 1515 EAST PINE AVE. 1515 EAST PINE AVE. ORLANDO FL 32824 ORLANDO FL \$2624-7906 3a. Date of Last Report 3. Date Incorporated or Qualified 04/29/1996 10/17/1994 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-3317833 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country $Z_{\rm IP}$ 8. This corporation has liability for intengible tax under s. 199.032. Florida Statutes Yes No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PAWLUS, LAWRENCE 601 NORTH WILLOW AVE. 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 City Zip Code 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 objigations of, Section 607.0505; Florida Statutes. SIGNATUR Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE DP 1.1 TITLE ME PAWLUS, DANIEL 1.2 NAME NAME 601 NORTH WILLOW AVE. 1.3 STREET ADDRESS STREET ADDRESS tampa fl 1.4 CITY - ST - ZIP CHY-SI-20 DELETE Addition Change DVST 2.1 TITLE THE PAWLUS, LAWRENCE 2.2 NAME NAME STREET ADDRESS 601 NORTH WILLOW AVE. 2.3 STREET ADDRESS TAMPA FL 2.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 417ITLE THUE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-ST-ZIP 01Y-\$1-77 DELETE Change Addition LILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TIFLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 City-St-ZIP 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 oath; that I am an officer or director of the corporation or the recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name