FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:40

DOCUMENT # P94000081079 (3)

1. Corporation Name
DISTRIBUTION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% BETH F. JACOBI 712 U.S. HWY. ONE, SUITE 400 NORTH PALM BEACH FL 33408	% BETH F. JACOBI 712 U.S. HWY. ONE, SUITE 400 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 c/o Beth J. Harris
Suite, Apt. #, etc.
22 712 U.S. Hwy One
City & State
23 North Palm Beach, FL
Zip 24 33408 Country 25 Palm Beach

2a. Mailing Address
26 c/o Beth J. Harris
Suite, Apt. #, etc.
27 712 U.S. Hwy One
City & State
28 North Palm Beach, FL
Zip 29 33408 Country 30 Palm Beach

4. FEI Number: 65-0537671 ☐ 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

JACOBI, BETH F
712 U.S. HWY. ONE
SUITE 400
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: Beth J. Harris
82 Street Address (P.O. Box Number is Not Acceptable): 712 U.S. Hwy One
83: Suite 400
84 City: North Palm Beach FL 85 Zip Code: 33408

11. Pursuant to the provisions of Section(s) 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 607.0505, Florida Statutes.

SIGNATURE: Beth J. Harris — Beth J. Harris — 4/27/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☐ Change ☐ Addition
NAME	Michael D. Harris	12 NAME	
STREET ADDRESS	712 U.S. Hwy One, Suite 400	13 STREET ADDRESS	
CITY-ST-ZIP	North Palm Beach, FL 33408	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

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: Michael D. Harris — 4/27/95 — (407) 844-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President, Secretary and Treasurer

0247484 CP