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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. Thereby certify that the information sup-indicated on this annual report or suppli-officer or director of the corpolation of the Block 12 or Block 13 if changed, good



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085926 (1)

J&T	DISTRIBUTORS, INC.				
Principal Plac	e of Business	Mailing Address		1 19411941 119 14(1) \$1911 \$9111 \$4(1) \$4	ine smine, areem omein tiffin drife enne
PO BOX 522032		PO BOX 522032			
MIAMI FL 33152-2032 US		MIAMI FL 33152-2032 US		DO NOT WRITE IN THIS SPACE	
"		00		3. Date incorporated or Qualified	
				11/22/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0539604	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	- 	6 Floris Commission Financia	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registe	red Agent
	REZ-STOKES, MAVEL		81 Name		
2166 NORTHWEST 191ST AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PE	MBROKE PINES FL 33029		83		
			84 City		85 Zip Code
Purposet to the provisions of Sections CO2 (MC2 and CO7 1008 Elevide Statutes the above pamed corneration submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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 Signature, typed or ported name of registered agent and to oit applicable. (NOTE Registered Agent signature required when reinstating) DATE					
12.	OLEICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TALE		Change Addition
NAME	STOKES, JERRY L JR		1.2 NAME		
STREET ADDRESS	2166 NW 191ST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBORKE PINES FL 33029		1.4 CITY - \$1 - ZIP		
TITLE	D	[] DETEIE	2.1 TITLE		Change Addition
NAME	BARBUR, TED J		2.2 NAME		
STREET ADDRESS	15681 SW 147TH AVENUE		2.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33177	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		בן מנננונ	3.1 TILE 3.2 NAME		Onlarigo Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE	- /	DELETE	4.1 111LE		Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY- ST- ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- S1- ZIP		
TITLE		☐ DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CTOCCT ADDDCCC			E 3 STREET ANDRESS		į

March 18, 1998 (305) $863 \div 0948$

olion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under eath; that I am an effort as required by Chapter 607, Florida Statutes; and that my name appears in