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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

P94000093912 (1) DOCUMENT #

C.M. DISTRIBUTORS, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- I HOURDAS NU HO	(II OIOI DOII doi il doi il doil	i galia idiaa iiila jal	OL INDIA INDI IDAL
1779 BLOUNT ROAD 1779 BLOUNT ROAD									
#510	UNI HUND	#510							
	D BEACH FL 33069	POMPANO BEACH FL 33069			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate 12/29/1994			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0715754			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired		Additional Required	
City & State		City & State							
23 City & Si	ate	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country		Zip Count			a. This corporation			
24	25	29	30				y Tax due June 30.		□ No
		nd Address of Current Registered Agent				10, Name and Address of New Registered Agent			
ROSENTHAL, STUART S P.A.					Name				
555 S.W. 12TH AVENUE #101				62	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	POMPANO BEACH FL 33069			••	Street Address (P.O. Box Number is Not Acceptable)				
			ſ	63					
		•	ŀ	84	City		· · · · · · · · · · · · · · · · · · ·	85 Zij	p Code
44 Purauar	nt to the provisions of Sections 607,0502	and 607 1609 Elorida Statut	lor the ab		named oor	poration submits this sto	loment for the nur	FL of changing	ite registered
office of agent.	r registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was tions of, Section 607.0505, Fl	authorized orida Statu	by tes.	the corpora	ation's board of directors.	I hereby accept th	ne appointment a	as registered
SIGNATURE	Signature, typed or presided name of registered eyes	Land Life if academble (NO)	E Pogistared	Ann	t signative soon	ired when reinstating)		DATE	
12.	OFFICERS AND		13.	Agen	i aigriatore rado		NGES TO OFFICER		OBS IN 12
TITLE			1.1 1)1	LE	T	THE BITTO TOTO IT	1020 10 0111021	Change	
NAME				1.2 NAME				•	
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CITY-ST-ZIP	DOLONIA DELOIS DE ACCO		1.4 CIT						j
TITLE	DS					· · · · · · · · · · · · · · · · · · ·	-, -	☐ Change	Addition
NAME	MARTIN, CAROLYN P		2.2 NA	2.2 NAME					}
STREET ADDRESS			2.3 STRE		ADDRESS				i
CITY-ST-ZIP	POMPANO BEACH FL 3306)	2. 4 City		r-21P				
TITLE				3.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	<u> </u>		3.2 NA	3.2 NAME					. 1
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CITY-ST-ZIP	3.4.		3.4. CiT	TY-51	- ZIP				
TITLE	DELETE 4.1 T			LE				Change	Addition
NAME			4. 2 NA	ME					l
STREET ADORESS	s		4.3 STF	REET #	ADDRESS .				l
CITY-ST-ZIP			4.4 CIT	Y-ST	- ZIP				
TITLE	DELETE 5.1 TI		5.1 TIT	LE				☐ Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS	s		5.3 STF	REET A	VDDRESS				ĺ
CITY-ST-ZIP			5.4 CIT	Y-\$T	- ZIP				
TITLE		DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS	s		6.3 STF	REET A	uddress				
CITY-ST-ZIP			6.4 CIT						
14 I hereby	certify that the information supplied wit	h this filing does not qualify f	or the eve	moti	on stated in	Section 119 07(3)(i) Flo	ride Statutes, I furt	ther certify that the	he information

not a model report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an enver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in