

P95000006821
TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 PM 2:40

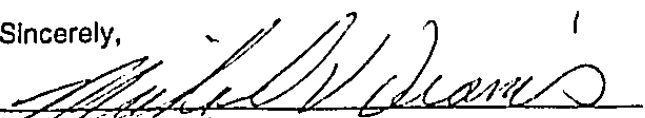
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: DRAMIS DISTRIBUTING, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50.

FROM: Michael V. Dramis
4418 Atlantic Ave.
Sarasota, Florida 34233
TELEPHONE: (813) 923-3973

Sincerely,


Michael V. Dramis

700001388187
01/24/95--01099--002
***122.50 ***122.50

SDG

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be: DRAMIS DISTRIBUTING, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporations shall be:
4418 Allantic Ave.
Sarasota, Florida 34233

FILED
SECRETARY OF STATE
55 JAN 23 PM 2:40

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 AT \$1.00 PAR VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Michael V. Dramis
4418 Atlantic Ave.
Sarasota, Florida 34233

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:
Michael V. Dramis
4418 Atlantic Ave.
Sarasota, Florida 34233

The undersigned incorporator has executed these Articles of Incorporation this

Wed day of 1/18 19 95

Signature: Michael V. Dramis
Michael V. Dramis

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

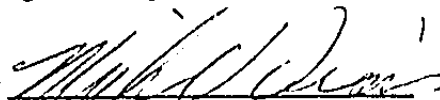
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: DRAMIS DISTRIBUTING, INC.

2. The name and address of the registered agent and office is:

Michael V. Dramis
4418 Atlantic Ave.
Sarasota, Florida 34230

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: 
Michael V. Dramis

Date: 1/18/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 PM 2:40

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000006821 (9)
 Corporation Name

DRAMIS DISTRIBUTING, INC.

FILED

96 OCT 28 PM 2: 13

SECRETARY OF STATE



Principal Place of Business: 4418 ATLANTIC AVE SARASOTA FL 34233

2. Principal Place of Business: Home OFFICE

2a. Mailing Address: 4418 ATLANTIC AVE SARASOTA FL 34233

21. City & State: Sarasota FL

22. City & State: Sarasota FL

23. City & State: Sarasota FL

24. City & State: Sarasota FL

25. City & State: Sarasota FL

26. City & State: Sarasota FL

27. City & State: Sarasota FL

28. City & State: Sarasota FL

29. City & State: Sarasota FL

30. City & State: Sarasota FL

3. Date Incorporated or Qualified: 01/23/1995

3a. Date of Last Report: Applied For / Not Applicable

4. FEI Number: 625-0571357

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added in Fees

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DRAMIS, MICHAEL V 4418 ATLANTIC AVE SARASOTA FL 34233

10. Name and Address of New Registered Agent:

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 obligations of Section 607.0505, Florida Statutes.

10/22/96

12. OFFICERS AND DIRECTORS

TITLE	President	NAME	Michael V Dramis	STREET ADDRESS	4418 ATLANTIC AVE	CITY - ST - ZIP	SARASOTA, FL 34233	DELETE	<input type="checkbox"/>
TITLE	Treasurer, Secretary	NAME	Louis Dramis	STREET ADDRESS	4418 ATLANTIC AVE	CITY - ST - ZIP	SARASOTA, FL 34233	DELETE	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DELETE	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DELETE	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DELETE	<input type="checkbox"/>
TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DELETE	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		11 NAME		11 STREET ADDRESS		11 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
12 TITLE		12 NAME		12 STREET ADDRESS		12 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
13 TITLE		13 NAME		13 STREET ADDRESS		13 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
14 TITLE		14 NAME		14 STREET ADDRESS		14 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
15 TITLE		15 NAME		15 STREET ADDRESS		15 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
16 TITLE		16 NAME		16 STREET ADDRESS		16 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
17 TITLE		17 NAME		17 STREET ADDRESS		17 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
18 TITLE		18 NAME		18 STREET ADDRESS		18 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
19 TITLE		19 NAME		19 STREET ADDRESS		19 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>
20 TITLE		20 NAME		20 STREET ADDRESS		20 CITY - ST - ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>

REINSTATEMENT 96
 10/31/96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

9/8/96 941-923-3573

SIGNATURE: *Michael V Dramis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)