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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Y-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500007843 (2)

DISTRIBUTION MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address P.O. BOX 1256 P.O. BOX 1256 HALLANDALE FL 33008 HALLANDALE FL 33008-1256 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1995 11/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 -APPLIED-FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 Yes 30 Florida Statutes \_ E∃ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name EGIDI, ROMOLO 3300 NE 191 ST 82 Street Address (P.O. Box Number is Not Acceptable) 83 **AVENTURA FL 33180** 84 City Zip Code 85 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 Hopkia. 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. TITLE 1.13013 Change Addition NAME BOOK, RONALD L 1.2 NAME STREET ADDRESS 2999 NE 191 STREET, PH 6 1.3 STREET ADORESS VENTURA FL. 33180 CITY-ST-ZIP **AVENTURA FL 33180** 1.4 CITY - ST - ZIP PHIL NEWMAN DELFTE TITLE Change 2.1 1111.6 Addition 2011 NE 23 St. Ct. NAME RUSH, DONNA 2.2 NAME STREET ADDRESS **20111 NE 23RD COURT** 2 3 STREET ADDRESS MIAMI- BEACH FLA 33180 N. MIAMI BEACH FL 33180 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition 3 1 1 TUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City-S1-ZIP TITLE 🔲 DÉLÈTE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CIZY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE. 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 OITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME REET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP 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 eath; that tam 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 attachmost with an address.

ROMOLO EGIUL