

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010826 (2)

1. Corporation Name

J.P. DISTRIBUTORS INCORPORATED

Principal Place of Business

7714 BRETTWOOD DR
TAMPA FL 33615

Mailing Address

7714 BRETTWOOD DR
TAMPA FL 33615



2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
02/06/1995	
4. FEI Number	Applied For
59-3298754	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SCOTT, ANGELIA
7714 BRETTWOOD DR
TAMPA FL 33615

10. Name and Address of New Registered Agent

81. Name	Angelia Perko
82. Street Address (P.O. Box Number is Not Acceptable)	7714 Brettwood Dr.
83.	
84. City	Tampa
85. Zip Code	FL 33615

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 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

Angelia Perko

(Date)

4/05/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	p/d
NAME	SCOTT, ANGELIA	1.2 NAME	Angelia Perko
STREET ADDRESS	7714 BRETTWOOD DR	1.3 STREET ADDRESS	7714 Brettwood Dr.
CITY-STATE-ZIP	TAMPA FL 33615	1.4 CITY-STATE-ZIP	Tampa, FL 33615
TITLE	VD	2.1 TITLE	
NAME	PERKO, JUSTINE	2.2 NAME	
STREET ADDRESS	7714 BRETTWOOD DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33615	2.4 CITY-STATE-ZIP	
TITLE	STD	3.1 TITLE	
NAME	PERKO, RONALD	3.2 NAME	
STREET ADDRESS	7714 BRETTWOOD DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33615	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:

Angelia Perko

4/05/96

813-249-0680

CR2E034 (12/95)