

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 # P95000013837 (6)

1. Corporation Name

F.J.R. DISTRIBUTORS, INC.



Principal Place of Business

1801 HYPOLUXO RD.  
SUITE D9  
LAKE WORTH FL 33462

Mailing Address

1801 HYPOLUXO RD.  
SUITE D9  
LAKE WORTH FL 33462

3. Date Incorporated or Qualified  
02/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8500 RAYMOND DR  
Suite, Apt. #, etc.

26 8500 RAYMOND DR  
Suite, Apt. #, etc.

4. FEI Number

65-0564696

Applied For

Not Applicable

22 City & State

23 BOYNTON BEACH, FL  
Zip

27 City & State

28 BOYNTON BEACH, FL  
Zip

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAAS, JAFAR  
1801 HYPOLUXO RD.  
SUITE D9  
LAKE WORTH FL 33462

81 Name

FATHI ITAYEM

82 Street Address (P.O. Box Number is Not Acceptable)

8500 RAYMOND DR

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33436

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

Signature is typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE  
NAME DAAS, JAFAR  
STREET ADDRESS 1801 HYPOLUXO RD., SUITE D9  
CITY-STATE-ZIP LAKE WORTH FL 33462

TITLE D DELETE  
NAME ITAYEM, FATHI  
STREET ADDRESS 1801 HYPOLUXO RD., SUITE D9  
CITY-STATE-ZIP LAKE WORTH FL 33462

TITLE D DELETE  
NAME DAAS, RATEB A  
STREET ADDRESS 1801 HYPOLUXO RD., SUITE D9  
CITY-STATE-ZIP LAKE WORTH FL 33462

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Fathi Itayem*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/96* *533-5886*

Date

Daytime Phone #

CR2E034 (12/95)