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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000016350 (7)

H.B. ADAMS DISTRIBUTORS, INC.

Principal Place of Business Mailing Address % KENNETH A. PERKINS % KENNETH A. PERKINS 2151 W. HILLSBORO BLVD., STE. 400 2151 W. HILLSBORO BLVD., STE. 400 **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442-1297 3a. Date of Last Report 3. Date Incorporated or Qualified 04/19/1996 02/28/1995 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 69-3301985 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Žφ Country Zip Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PERKINS, KENNETH A % GEMAIRE DISTRIBUTORS INC. 82 Street Address (P.O. Box Number is Not Acceptable) 2151 W. HILLSBORO BLVD., SUITE 400 83 **DEERFIELD BEACH FL 33442** Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE 1.1 DILE Change TITLE NAME PERKINS, KENNETH A 12 NAME 2151 W. HILLSBORO BLVD., STE. 400 STREET ADDRESS 13 STREET ADDRESS 1/4 CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP DELETE Change 2.1 11111 TITLE OSCAR J. FUNAGALI 2181 W. HILLSBOAD BLVD. #400 MANUEZ-RENEZ DE LATNESA 2.2 NAME NAME 2151 XV. HILLSBOKO BLVIQ 400 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL 2, 4 City-S1-ZiP DELBRIDE BEACH, FL 33442 CITY-ST-ZIP Change DELETE Addition 31 TITLE TITLE SERGIO A. RODEIGUEZ NAME 3.2 NAME 2151 W. HILLSBORO BLVD. 400 3.3 STREET ADDRESS STREET ADDRESS Deerfield BCH FL 3,4. CITY- ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME WENDY COX 4. 2 NAME 2151 W. HILLSBORO BLVD 400 4,3 STREET ADDRESS STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP 4,4 CITY - ST - ZIP DELETE Change ■ Addition TITLE S 1 TITLE 5 2 NAME NAME STREET ADDRESS **5 3 STREET ADDRESS** 5,4 CtTY-SI-ZIP CITY-ST-ZIP ☐ Addition DELETE Change TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. 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 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 any transfer with an address.

4/20/92