

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

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000046512 (6)**  
 1. Corporation Name  
**DISTINCTIVE DISTRIBUTORS, INC.**



Principal Place of Business <b>1079 MILLER DR          ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>1079 MILLER DR          ALTAMONTE SPRINGS FL 32701</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1155 Charles St.</b> Suite, Apt. #, etc. <b>22 Unit 165</b> City & State <b>23 Longwood FL</b> Zip <b>24 32750</b>	2a. Mailing Address <b>26 1155 Charles St.</b> Suite, Apt. #, etc. <b>27 Unit 165</b> City & State <b>28 Longwood FL</b> Zip <b>29 32750</b>	Country <b>25 Sem</b>	Country <b>30 Sem</b>
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3. Date Incorporated or Qualified <b>06/08/1995</b>	
4. FEI Number <b>59-3320063</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MANNING, WILLIAM D  
 400 NORTH STREET STE 120  
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name <b>Same</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1155 Charles St.</b>	
83 <b>Unit 165</b>	
84 City <b>Longwood</b>	85 Zip Code <b>FL 32750</b>

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>D</b>		
NAME	<b>MANNING, WILLIAM D</b>		
STREET ADDRESS	<b>400 NORTH STREET STE 120</b>	<b>1155 Charles St</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	<b>Longwood FL 32750</b>	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 an attachment with an address.

SIGNATURE: *David Manning* Pres 4/5/98 4073397345

CR2E034 (10/97)