

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 # P95000047161 (1)

1. Corporation Name
STAPP & WILLIAMS DISTRIBUTING, INC.



Principal Place of Business: P.O. BOX 5533 WINTER PARK FL 32793
Mailing Address: P.O. BOX 5533 WINTER PARK FL 32793

3. Date Incorporated or Qualified: 06/13/1995
3a. Date of Last Report

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 Orlando, FL
24 Zip: 25 32804
26. Mailing Address: 26 1119 Belleair Circle
27 Suite, Apt. #, etc.
28 City & State: 28 Orlando, FL
29 Zip: 29 32804
30 Country: 30 USA

4. FEI Number: 59-3323839
Applied For: Not Applicable
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

g. Name and Address of Current Registered Agent
ICARDI, JEFFREY A ESQ
990 LEWIS DR.
WINTER PARK FL 32790

10. Name and Address of New Registered Agent
81 Name: LEONARD E. WILLIAMS JR
82 Street Address (P.O. Box Number is Not Acceptable):
83 1119 Belleair Circle
84 City: Orlando FL 85 Zip Code: 32804

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 607.0508, Florida Statutes.

SIGNATURE: *Leonard E. Williams Jr* DATE: 4-11-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STAPP, MICHAEL	
STREET ADDRESS	P.O. BOX 5533-NA	
CITY-ST-ZIP	WINTER PARK FL 32793	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	0/VP/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	0/C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEONARD E. WILLIAMS JR	
2.3 STREET ADDRESS	1119 Belleair Circle	
2.4 CITY-ST-ZIP	Orlando, FL 32804	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 unchanged, or on an attachment with an address.

SIGNATURE: *Leonard E. Williams Jr* DATE: 4-11-96 DAYTIME PHONE: 407-857-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)