

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # P95000051809 (8)

1. Corporation Name
H & R DISTRIBUTORS INC.



Principal Place of Business
5557 WEST OAKLAND PARK BLVD. STE 285
LAUDERHILL FL 33313

Mailing Address
5557 WEST OAKLAND PARK BLVD. STE 285
LAUDERHILL FL 33313-1411

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0594077

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

2. Principal Place of Business
21 P.O. Box 190372
Suite, Apt. #, etc.
22 City & State
23 Ft. Lauderdale, FL
Zip
24 33319

2a. Mailing Address
26 4311 NW 19th St.
Suite, Apt. #, etc.
27 No. 4
City & State
28 Lauderdale, FL
Zip
29 33313

Country
25 Country
30

9. Name and Address of Current Registered Agent

HARVIN, DAVID E
4311 NW 19TH STREET STE 4
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	HARRIS, EARLE DAVID	1.2 NAME	Harvin, David Earle
STREET ADDRESS	4311 NW 19TH STREET NO.	1.3 STREET ADDRESS	4311 NW 19th Street #4
CITY-ST-ZIP	LAUDERHILL FL 33004	1.4 CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	V	2.1 TITLE	Vice-President
NAME	RAGIN, ANN M.	2.2 NAME	Ragin, Ann M.
STREET ADDRESS	223 NW 12TH CT.	2.3 STREET ADDRESS	223 NW 12th Ct.
CITY-ST-ZIP	CANIA FL 33004	2.4 CITY-ST-ZIP	Dania, FL 33004
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00784 1 00

CR2E034 (9/96)