

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 27 1996 8:00 am
Secretary of State

DOCUMENT # P95000052024 (3)

1. Corporation Name

SOUTH SEAS ISLAND DISTRIBUTORS, INC.

Principal Place of Business

**POST OFFICE BOX 1413
BUSHNELL FL 33513**

Mailing Address

**POST OFFICE BOX 1413
BUSHNELL FL 33513**



2. Principal Place of Business

2a. Mailing Address

21	Subst. Apt. #, etc.	26	Subst. Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**BOYAJAN, LEON M II
1125 STERLING ROAD
SUITE 4
INVERNESS FL 34450**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	CONNOR, JEFF	
STREET ADDRESS	4685 OLD WINTER GARDEN ROAD	
CITY-STATE-ZIP	ORLANDO FL 32811	
TITLE	DS	☐ DELETE
NAME	SALERNO, GENE	
STREET ADDRESS	POST OFFICE BOX 1413 N/A	
CITY-STATE-ZIP	BUSHNELL FL 33513	
TITLE	TD	☐ DELETE
NAME	WELLS, MATTHEW	
STREET ADDRESS	POST OFFICE BOX 1413	
CITY-STATE-ZIP	BUSHNELL FL 33513	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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:

Gene Salerno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC-

3-7-96 904-568-1434

CR2E034 (12/95)