PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS									
Corporation N	IENT # P9500 N DISTRIBUTION CORP.	0053	360 (0	D)					11111 92 11 1 84 1
ncipal Place o 1700 MCMULL CLEARWATER	EN BOOTH ROAD SUITE D-1		Address MCMULLEN BO RWATER FL 34		Suite D-1				
						 Date incorporated or Qualifity 07/05/1995 	eo 3a . Date o		
	ce of Business		ing Address		DOL F	4. FEI Number			pplied For ot Applicable
.4310 C Suite, Apt. #.	ARLSON CIRCLE	26 14310 CARLSON CIRCLE Suite, Apt. #, etc			KCLE	5. Certificate of Status Desired	, []		Additional equired
City & State		City	City & State			Election Campaign Financin Trust Fund Contribution	¹⁹ 🗆		May Be to Fees
TAMPA, Zip	Country	Zip		├	untry	8. This corporation has liability	rfor intangible tax Yes X No	unders 1	199.032,
33626	9. Name and Address of Curre	29 5 ent Registered	3626 d Agent	30	J.S.A.	10. Name and Address of N	ew Registered A	gent	
. Pursuant to or registere familiar with	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Sc	02 and 607.15 orida. Such cha	.08, Florida Sta ange was autho 5. Florida Statu	itutes, the ab orized by the ites		MINOLE rporation submits this statement for the board of directors. Thereby accept the	FL e purpose of char appointment as r	point its re	1542 egistered officiagent Tan
		2000.00.00							
SNATURE .	Signature, typed or printerninal is introspetured as	நார் வில் பிரு சிறுத்திர	as de	gwill Scipter		correct when respectable	DATE		
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14. I do hereby certify that the information supplied with this fling 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 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 certify that I am an officer or director of the corporation or the receiver or trusted 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.

CHRISTINE ROBINSON, DIRECTOR 4/24/96 (813)854-4525

SIGNATURE:

Chipter Physics

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