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 # **P95000061299 (0)**

1. Corporation Name

TECHNOLOGY DISTRIBUTION, INC.

Principal Place of Business

6278 N FEDERAL HWY STE 399
FT. LAUDERDALE FL 33308

Mailing Address

6278 N FEDERAL HWY STE 399
FT. LAUDERDALE FL 33308

3. Date Incorporated or Qualified: **08/07/1995**

3a. Date of Last Report:

4. FEI Number: 65-0601731 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 948 S.E. 10th Court
Suite, Apt. #, etc.
22
City & State
23 Pompano Beach, Florida
Zip 24 33060 | County 25 USA

2a. Mailing Address
26 948 S.E. 10th Court
Suite, Apt. #, etc.
27
City & State
28 Pompano Beach, Florida
Zip 29 33060 | County 30 USA

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

9. Name and Address of Current Registered Agent

HOLOWATY, ANDREW A
1920 E HALLANDALE BCH. BLVD. #805
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Brandon Samuels
82 Street Address (P.O. Box Number is Not Acceptable): 948 S.E. 10th Court
83
84 City: Pompano Beach, FL 85 Zip Code: 33060

11. Pursuant to the provisions of Section(s) 607.0502 and 607.0505, 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] Brandon Samuels, President DATE: 2-14-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME Brandon Samuels
STREET ADDRESS 948 S.E. 10th Court
CITY, ST, ZIP Pompano Street, Florida 33060
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY, ST, ZIP ☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY, ST, ZIP ☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY, ST, ZIP ☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY, ST, ZIP ☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY, ST, ZIP ☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY, ST, ZIP ☐ Change ☐ Addition

300001757673
-03/26/96--01089--042
***200.00

CR2E034 (12/95)

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)(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] Brandon Samuels, President 2-14-96 (954)784-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
SC 3-26-96