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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500065530 (4)

S & M DISTRIBUTORS, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place	e of Business	Mading	Mailing Address					
4957 NW 77TH COURT POMPANO BEACH FL 33073			4957 NW 77TH COURT POMPANO BEACH FL 33073					
FORFARO I	DENGIT IE SOULS	FUN	m ratio bundin FL			DO NOT WRITE II	N THIS SPACE	
						3. Date incorporated or Qualified	 	
						08/23/1995		
2. Principal Pl	ace of Business	2a. Ma	iling Address			4. FEI Number	Appl	ied For
21		26	26			65-0594505	Not /	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				□ \$8.75 Ad	ditional
22		27	7			5. Certificate of Status Desired	Fee Requ	uired
City & State)		City & State			6. Election Campaign Financing	\$5.00 M	lav Be
23		28	8			Trust Fund Contribution . Added to Fees		
Zip	Country	Zip		Coun	try	8. This corporation owes or has paid	the current year Intan	gible
24	25	29		30		Personal Property Tax due June 3	<u></u>	٠ ،
	9. Name and Address of Currer	nt Registere	d Agent			10. Name and Address of New Regi	stered Agent	
S	MITH, SANDRA A			8	1 Name	, , , , , , , , , , , , , , , , , , , ,		
	957 NW 77TH COURT			82 Street Addre		4.11 (G.O. B N	· · · · · · · · · · · · · · · · · · ·	
	OMPANO BEACH FL 33073			8	Street	Address (P.O. Box Number is Not Acceptable	')	
F	OMI AND DENOTI PE 330/3			8	3			$\overline{}$
				8	4 City		FL 85 Zip Co	de
	10-4	0 007 11	COO Finish Oral	tan the obe		accoration a shorte this statement for the nu		opiniored
11. Pursuant t	to the provisions of Sections 607.050 edistered agent, or both, in the State	of Florida. S	bus, Fiorida Statu Such change was	ites, the abo authorized	ove-named by the con	corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of changing its t the appointment as re	gistered
agent. I ar	m familiar with, and accept the oblig	ations of, So	ction 607. 0 5 05 , F	lorida Statul	os.	poration's board of directors. I hereby accept		-
SIGNATURE			***					
	Signature typed or printed name of registered ege		<u>`</u>		\gen! signa!ure	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DC AND DIDECTORS	INI 12
12.	OFFICERS AN	DURECTOR	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	CANTILL CAMPIDA A		נ_ טנננונ				Shange	
NAME	SMITH, SANDRA A			1.2 NAM				
STREET ADDRESS	4957 NW 77TH COURT				ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 3307	3	T DELETE		- ST - ZIP		D 01	1 4 4 4 5 5 - 4
TITLE	V		DELETE	2.1 TITL			Change	L Addition
NAME	PERETZ, MEIR A			2.2 NAM	E			
STREET ADDRESS	1951 NE 115TH STREET AF	РТ. 30		2.3 STR	ET ADDRESS			
CITY-ST-ZIP	NO. MIAMI FL 33181			2. 4 CIT	/ - \$1 - ZIP			i
TITLE			☐ DELETE	3.1 TITL			L Change	Addition
NAME				3.2 NAM	E			İ
STREET ADDRESS				3.3 STR	ET ADDRESS			
CITY-ST-ZIP	•			3.4. CITY	7 - ST - ZIP			
TITLE			DELETE	4.1 TITE			☐ Change	Addition
NAME				4. 2 NAM	AE.			
STREET ADDRESS				4.3 STRE	ET ADDRESS			
CITY-ST-ZIP					- ST - ZIP			
TITLE			DELETE	5.1 TITU			☐ Change	Addition
				5.2 NAM			•	- '
NAME					ET ADDRESS			·
STREET ADDRESS								
CITY-ST-ZIP			I DELETE	_	-SI-ZIP -		Change	Addition
TITLE			☐ DELETE	6.1 TITE			Change	Addition
NAME				6.2 NAM				
STREET ADDRESS				6.3 STRE	ET ADDRESS			l
CITY+ST-ZIP				64 City	-ST-ZIP			

4. I 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 change i, or on an attachment with an address.

CICMATURE.

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CM 41 18, 1998

954-428-1953