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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000065530

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90020 024 \*\*\*150.00

S & M DISTRIBUTORS, INC.							
Principal Place of Business Mailing Address						18	
4957 NW 77TH COURT 4957 NW 77TH COURT POMPANO BEACH FL 33073 POMPANO BEACH FL 33073					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
	*				08/23/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					65-0594505	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State City & State				6. Election Campaign Financing \$5.00 May Be			
23 28				Trust Fund Contribution Added to Fees			
Zip Country Zip			Countr	Country 8. This corporation owes the current year Intangible			
24	25	29	30	þ.	Personal Property Tax.	₹es □No	
	9. Name and Address of Current	Registered Agent	81	l Name	10. Name and Address of New Registere	ad Agent	
CASIT			81	Name			
SMITH, SANDRA A			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33073				2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
FOMPANO DEAON FL 33073			83	٥		点腺的 三加強縣	
				84 City 85 Zip Code			
4074244 575	a de la companya de l					of phaseins its registered	
office or r agent. I.a	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statut Florida. Such change was a ons of, Section 607.0505, Flo	es, the abov uthorized by rida Statute:	ve-named corp y the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered	
SIGNATURE							
Signature; typed or printed name of registered agent and title if applicable. (NOTE:				ent signature require	ed when reinstating) DATE	AND DIDECTORS IN 40	
12.	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE	P   Smith, Sandra A		1.2 NAME		(4) (計算を算行権)		
NAME	ACT AND WITH COLUMN			ET ADDRESS			
DOMESTIC SELECT ST. COOTS			1.4 CITY-5				
CITY-ST-ZIP	V DELETE			31-21		☐ Change ☐ Addition	
NAME			2.1 TITLE 2.2 NAME		•		
STREET ADDRESS	AGE AND AND ADDREST AND AG			2.3 STREET ADDRESS			
CITY-ST-ZIP	NO. MIAMI FL 33181	er Haginare et als plant		2. 4 CITY-ST-ZIP			
TITLE	DELETE		3.1 TITLE			Change Addition	
NAME			3.2 NAME			·	
STREET ADDRESS			3.3 STREE	ET ADDRESS	179 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nik Modelik - Noon Anders Anders	
CITY-ST-ZIP		•	3.4. CITY-			<u>。在1912年代,對新</u>	
TITLE		_ DELETE	4.1 TITLE		计算机位置数据 数据数据数据	Change Addition	
NAME			4, 2 NAME	:   `		-	
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	• • • • • • • • • • • • • • • • • • • •	i	
TITLE '		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME	1			
STREET ADDRESS	A3		5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME ·	Mar Terlina		6.2 NAME				

CITY-ST-ZIP 14. 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 changed or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS