


FILED

Aug 04 1997 8:00am
Secretary of State

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|--|--|---|---|--|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | |
| DOCUMENT # P95000069516 (9) | | | | | | | |
| 1. Corporation Name 2 PLEASE DISTRIBUTING, INC. | | | | | | | |
| Principal Place of Business 1967 SHORE ACRES BOULEVARD ST. PETERSBURG FL 33703 | | | Mailing Address 1967 SHORE ACRES BOULEVARD ST. PETERSBURG FL 33703 | | | | |
| 2. Principal Place of Business 21 418 Beach Dr. NE Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33701 Country 25 Pinellas | | | 2a. Mailing Address 26 418 Beach Dr. NE Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33701 Country 30 Pinellas | | | | |
| 9. Name and Address of Current Registered Agent WILLIAMS, SHERRI 1967 SHORE ACRES BOULEVARD ST. PETERSBURG FL 33703 81 Name 82 Street Address 83 84 City | | | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is the duly organized and existing legal entity under the laws of the State of Florida. Such change was authorized by the corporate officers and directors, and accepted the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required) | | | | | | | |
| 12. OFFICERS AND DIRECTORS TITLE: PVTS NAME: SHERRI WILLIAMS STREET ADDRESS: 1967 SHORE ACRES BLVD CITY-ST-ZIP: ST PETERSBURG FL 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. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, Florida Statutes, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and that the information appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 3. Date Incorporated or Qualified 09/11/1995 | | 3a. Date of Last Report 05/01/1996 | |
| 4. FEI Number 59-3336008 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | | | |
| ss (P.O. Box Number is Not Acceptable) | | | |
| FL | | 85 Zip Code | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVTS SHERRI WILLIAMS 1987 SHORE ACRES BLVD ST PETERSBURG FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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

SIGNATURE:

SKILL/KNOWLEDGE REQUIRED

x 7/29/93

813-827-0069

CR2E034 (4/97)