

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003471 (5)

1. Corporation Name

E. P. & W. DISTRIBUTORS, INC.

Principal Place of Business

18385 N.E. 4TH COURT
NORTH MIAMI BEACH FL 33179

Mailing Address

18385 N.E. 4TH COURT
NORTH MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	
21		26	
22		27	
23		28	
24		29	
25		30	

3. Date Incorporated or Qualified	
01/08/1996	
4. FEI Number	Applied For
65-0630426	Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GASWIRTH, THEODORE 18385 N.E. 4TH COURT NORTH MIAMI BEACH FL 33179		81 Name Michael Gehrken 82 Street Address (P.O. Box Number is Not Acceptable) 18385 N.E. 4th Court 83 84 City North Miami Beach FL 85 Zip Code 33179	

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: Michael Gehrken, President DATE: 2/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	President
NAME	GASWIRTH, THEODORE	1.2 NAME	Michael Gehrken
STREET ADDRESS	3500 MYSTIC POINTE DRIVE APT. 3603	1.3 STREET ADDRESS	635-112 Park Meadow Rd.
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	Westerville, OH 43081
TITLE		2.1 TITLE	Secretary / Treasurer
NAME		2.2 NAME	Michael P. Moran
STREET ADDRESS		2.3 STREET ADDRESS	3491 Glen Oaks Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lewis Center, OH 43035
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Michael Gehrken DATE: 2/16/98 305.470.1560

CR2E034 (10/97)