

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90032 043 ***150.00

DOCUMENT # P96000003471 ✓

1. Corporation Name

E. P. & W. DISTRIBUTORS, INC.

Principal Place of Business

18385 NE 4TH COURT
NORTH MIAMI BEACH, FL 33179

Mailing Address

635 PARK MEADOW RD #112
WESTERVILLE, OH 43081 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/96

4. FEI Number

65-0630426

Applied For

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 18391 NE 4TH COURT

Suite, Apt. #, etc.

22

City & State

23 NORTH MIAMI BEACH FL

Zip

24 33179

Country

25 DADE

2a. Mailing Address

26 18391 NE 4TH COURT

Suite, Apt. #, etc.

27

City & State

28 NORTH MIAMI BEACH FL

Zip

29 33179

Country

30 DADE

9. Name and Address of Current Registered Agent

MICHAEL GEHRKENS
18385 NE 4TH COURT
NORTH MIAMI BEACH, FL 33179

10. Name and Address of New Registered Agent

81 Name

DIANA VIRELLA

82 Street Address (P.O. Box Number is Not Acceptable)

18397 NE 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

Diana Virella

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-30-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL GEHRKENS	
STREET ADDRESS	635-112 PARK MEADOW RD	
CITY-ST-ZIP	WESTERVILLE, OH 43081	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL F MORAN	
STREET ADDRESS	3481 GLEN OAKS CT	
CITY-ST-ZIP	LEWIS CENTER, OH 43035	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JIM KEATON	
1.3 STREET ADDRESS	18391 NE 4TH COURT	
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

Jim Keaton - Jim Keaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

305.770.1568

Daytime Phone #

CR2E034 (11/98)