## 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

## DOCUMENT # P96000006425

1. Corporation Name

DISTRIBUTED SOLUTIONS, INC.

Mailing Address

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90121 022 \*\*\*150.00



Sulfe, Apt. #, etc.	Œ	E IN THIS SPACE	DO NOT WRITE II	2100		9770 BAYMEADOWS ROAD. S JACKSONVILLE FL 32256
2. Principal Place of Business   2a, Malling Address   3c, 24 P & RET   MRFE RD   4. FEI Number   59-3354539   An			_3Date.Incorporated.or-Qualifed			
Suite, Apt. #, etc.  Suite, Ap	Applied For				Business 2a, Mailing Address	2. Principal Place of Busine
Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Sp./ RAPAL CA   6. Election Campaign Financing   \$5.00   Added v   \$6.00   Added v   \$6.00   Added v   \$7.00   Added v   \$7.00	Not Applicable		59-3354539	HARTE RD		·
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & Country   28   Country   29	3.75 Additional Fee Required			<u> </u>	Suite, Apt. #, etc.	Suite, Apt. #, etc.
Zip   Country   Zip	5.00 May Be			L CA	City & State	City & State
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing tax 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, 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, 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, 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, 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, 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, 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, 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, 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, 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, or both and a corporation's board of directors. I hereby accept the other and a corporation's board of directors. I hereby accept the other and a corporation's board of directors. I hereby accept the other and a corpor				Country	Country Zip	Zip
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134    B1	t	gistered Agent	10. Name and Address of New Regi	<u> </u>		
343 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip C  85 Zip C  86 City  FL 86 Size City  FL 87 Zip C  87 Acceptable Street Address (P.O. Box Number is Not Acceptable)  86 City  FL 87 Zip C  87 Acceptable Street Address (P.O. Box Number is Not Acceptable)  87 Acceptable Street Address (P.O. Box Number is Not Acceptable)  88 Zip C  89 Acceptable Street Address (P.O. Box Number is Not Acceptable)  89 Acceptable Street Address (P.O. Box Number is Not Acceptable)  80 Acceptable Street Address (P.O. Box Number is Not Acceptable)  80 Acceptable Street Address (P.O. Box Number is Not Acceptable)  80 Acceptable Street Address (P.O. Box Number is Not Acceptable)  81 Acceptable Street Address (P.O. Box Number is Not Acceptable)  82 Direct Address (P.O. Box Number is Not Acceptable)  83 Direct Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 City Street Address (P.O. Box Number is Not Acceptable)  85 Direct Address (P.O. Box Number is Not Acceptable)  86 City Street Address (P.O. Box Number is Not Acceptable)  86 City Street Address (P.O. Box Number is Not Acceptable)  87 Direct Address (P.O. Box Number is Not Acceptable)  88 Z City Street Address (P.O. Box Number is Not Acceptable)  88 Z City Street Address (P.O. Box Number is Not Acceptable)  89 Acceptable Street Address (P.O. Box Number is Not Acceptable Accept the appointment as required when reinstaining)  97 Direct Address (P.O. Box Number is Not Acceptable Accept the appointment as required when reinstaining)  97 Direct Address (P.O. Box Number is Not Acceptable Accept the appointment as required when reinstaining)  97 Direct Address (P.O. Box Number is Number is Number is Number is Number is number is negative Acceptable Acceptabl		<u> </u>		81 Name		
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 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 approximent are regarded agent and such change was authorized by the corporation's board of directors. I hereby accept the approximent are regarded agent and provided in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent are regarded when reintating.    Signature, hoped or printed name of registered agent and like if applicable.   (NOTE: Registered Agent signature required when reintating)   DATE		ile)	ress (P.O. Box Number is Not Acceptable)	82 Street Add		
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 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, and cacept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title! I applicable. [NOTE: Registered Agent signature required when reintating) DATE  12. OFFICERS AND DIRECTORS  TITLE  PADD, JENNIFER B  9770 BAYMEADOWS ROAD, SUITE 133  JACKSONVILLE FL 32256  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  PADD, PETER JOSEPH  9770 BAYMEADOWS ROAD, SUITE 133  JACKSONVILLE FL 32256  14. CITY-ST-ZIP  TITLE  PADD, PETER JOSEPH  9770 BAYMEADOWS ROAD, SUITE 133  JACKSONVILLE FL 32256  24. CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  Change  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  Change  Change  Change  CH-ST-ZIP  TITLE  Change  Change  CH-ST-ZIP  Change  CH-ST-ZIP  Change  CH-ST-ZIP  Change  CH-ST-ZIP  Change  CTY-ST-ZIP  CTY-ST-Z				83	BLES FL 33134	CORAL GABLES
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 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, and familiar with, and accept the obligations of, Section 607 0505, Florida's Statutes.  SIGNATURE  S	Zip Code	E1 85 2		84 City		
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registering agent, and facept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  \$   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    TITLE   NAME   PADD, JENNIFER B   12 NAME    STREET ADDRESS   3770 BAYMEADOWS ROAD, SUITE 133   13 STREET ADDRESS    CITY-ST-ZIP   JACKSONVILLE FL 32256   14 CITY-ST-ZIP    NAME   PADD, PETER JOSEPH   22 NAME    STREET ADDRESS   3770 BAYMEADOWS ROAD, SUITE 133   22 STREET ADDRESS    CITY-ST-ZIP   JACKSONVILLE FL 32256   24 CITY-ST-ZIP    TITLE   DELETE   31 TITLE   Change    NAME   STREET ADDRESS   31 STREET ADDRESS    CITY-ST-ZIP   JACKSONVILLE FL 32256   32 CITY-ST-ZIP    TITLE   DELETE   31 TITLE   Change    NAME   STREET ADDRESS   32 STREET ADDRESS    CITY-ST-ZIP   JACKSONVILLE FL 32256   34 CITY-ST-ZIP    TITLE   DELETE   31 TITLE   Change    NAME   STREET ADDRESS   32 STREET ADDRESS    CITY-ST-ZIP   JACKSONVILLE FL 32256   33 STREET ADDRESS    STREET ADDRESS   33 STREET ADDRESS    CITY-ST-ZIP   Change   35 STREET ADDRESS    CITY-ST-ZIP   Change   3	jing its registered-	umose of changing	poration submits this statement for the purp	, the above-named co	rovisions of Sections 607.0502 and 607.1508, Florida Statutes	11. Pursuant to the provision
Signature, typed or principle agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)   DATE	t as registered	the appointment a	ion's board of directors. I hereby accept the	norized by the corpora	id agent, or both, in the State of Florida. Such change was auti	office or registered age
12.		DATE	ed when reinstating)	egistered Agent signature regul	typed or printed name of registered agent and title if applicable. (NOTE: R	SIGNATURE Standard band of
TITLE   S   MAME   PADD, JENNIFER B   12 NAME   13 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   22 NAME	RECTORS IN 12	ICERS AND DIREC		<u> </u>		
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\$770 BAYMEADOWS ROAD, SUITE 133				1.2 NAME	). Jennifer B	NAME PADD. JEI
STREET ADDRESS   CITY-ST-ZIP				1.3 STREET ADDRESS		4770 DAV
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NAME 62 NAME				6.2 NAME		<b>!</b>
STREET ADDRESS 6.3 STREET ADDRESS				63 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

**SIGNATURE:**