

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008664 (0)
 1. Corporation Name
CENTER CROSS DISTRIBUTING, INC.



Principal Place of Business 17018 CRAWLEY ROAD ODESSA FL 33556	Mailing Address 17018 CRAWLEY ROAD ODESSA FL 33556
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6850 LARCHMONT AVE Suite, Apt. #, etc.	2a. Mailing Address 26 6850 LARCHMONT AVE Suite, Apt. #, etc.
22 City & State 23 NEW PORT RICHEY FL	27 City & State 28 NEW PORT RICHEY
24 Zip 34653 25 Country PASCO	29 Zip 34653 30 Country PASCO

3. Date Incorporated or Qualified 01/22/1996	Applied For Not Applicable
4. FEI Number 59-3356162	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BERNARDO, THOMAS C
17018 CRAWLEY ROAD
ODESSA FL 33556

10. Name and Address of New Registered Agent
 B1 Name **BERNARDO, THOMAS C**
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3 **6850 LARCHMONT AVE**
 B4 City **NEW PORT RICHEY** FL B5 Zip Code **34653**

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]* (NOIL: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNARDO, THOMAS C		1.2 NAME	
STREET ADDRESS 17018 CRAWLEY ROAD		1.3 STREET ADDRESS 6850 LARCHMONT AVE	
CITY-ST-ZIP ODESSA FL		1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNARDO, SELINA		2.2 NAME	
STREET ADDRESS 17018 CRAWLEY ROAD		2.3 STREET ADDRESS 6850 LARCHMONT AVE	
CITY-ST-ZIP ODESSA FL 33556		2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *[Signature]* **THOMAS C. BERNARDO (913) 848-1839**

CR2E034 (10/97)