

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

FILED

May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009365 (3)

1. Corporation Name
C.C.D. DISTRIBUTORS, INC.

Principal Place of Business

455 S ORANGE AVE SUITE 302
ORLANDO FL 32801

Mailing Address

455 S ORANGE AVE SUITE 302
ORLANDO FL 32801-3358



3. Date Incorporated or Qualified

01/30/1996

3a. Date of Last Report

2. Principal Place of Business

21 1000 N. ORLANDO AVE

2a. Mailing Address

26 1000 N. ORLANDO AVE

Suite, Apt. #, etc.

22 STE A

Suite, Apt. #, etc.

27 STE A

City & State

23 WINTER PARK, FL

City & State

28 WINTER PARK, FL

Zip

24 32789

Country

25 USA

Zip

29 32789

Country

30 USA

4. FEI Number

59-3861650

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBERTSON, BRIAN
455 S ORANGE AVE SUITE 302
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

BRIAN ALBERTSON

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

1000 N. ORLANDO AVE

83

STE A

84 City

WINTER PARK

FL

85 Zip Code

32789

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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 changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

4-23-97

4076282179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0063023

CR2E034 (9/96)