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FILED

May 12 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 # P96000012390 (6)

1. Corporation Name

PROFESSIONAL DISTRIBUTION SYSTEMS, INC.

Principal Place of Business

250 INTERNATIONAL PARKWAY STE 200  
HEATHROW FL 32746

Mailing Address

250 INTERNATIONAL PARKWAY STE 200  
HEATHROW FL 32746-5018



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

4. FEI Number

59-3378979

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

LAWHON, CYNTHIA G  
250 INTERNATIONAL PARKWAY STE 200  
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name

Cynthia Faulk

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

250 International Parkway, Suite 200

83

84 City

Heathrow

FL

85 Zip Code

32746

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

Cynthia Faulk CYNTHIA FAULK

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

(NOTE: Registered Agent signature required when reinstating)

4/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME FRANKUM, JOHN  
STREET ADDRESS 250 INTERNATIONAL PARKWAY STE 200  
CITY-ST-ZIP HEATHROW FL 32746

TITLE D ☐ DELETE  
NAME BECERRA, CARLOS  
STREET ADDRESS 8818 GOODBYS CREEK  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☒ DELETE  
NAME SHEPPARD, RONALD G  
STREET ADDRESS 8208 ALLISONVILLE ROAD  
CITY-ST-ZIP INDIANAPOLIS IN 46250

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Director ☒ Change ☐ Addition  
2.2 NAME Becerra, Carlos  
2.3 STREET ADDRESS 1160 S. Rogers Circle, Bldg. A  
2.4 CITY-ST-ZIP Boca Raton, FL 33487

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Secretary / Treasurer ☐ Change ☒ Addition  
4.2 NAME Cynthia Faulk  
4.3 STREET ADDRESS 250 International Parkway, Ste 200  
4.4 CITY-ST-ZIP Heathrow, FL 32746

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 changed, or on an attachment with an address.

SIGNATURE:

Cynthia Faulk CYNTHIA FAULK 4/9/97 (407) 829-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)