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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000012390 (6)

PROFESSIONAL DISTRIBUTION SYSTEMS, INC.

	e of Business	Mailing Address		i they near and child bittl save south they	
250 International Parkway STE 200 Heathrow FL 32746		250 International Parkway 8TE 200 Heathrow FL 32748-5018			
				3. Date Incorporated or Qualified 02/05/1996	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3378979	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	9, Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	glatered Agent
LA	WHON, CYNTHIA G		81 Name	Cynthia Faulk	
250	INTERNATIONAL PARKWAY	STE 200	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)
HE	ATHROW FL 32746		250	<u>International Parky</u>	yay, Suite 200
			83		,
			84 City		85 Zip Code
			He He	eathrow	FL 32746
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Stati	too the should consed a	arnaration automita this statement for the a	urpose of changing its registered
office or agent 1 a	registered agent, or both, in the S	state of Florida, Such change was	authorized by the corpo	corporation's godines this statement for the poration's board of directors. I hereby accep	t the appointment as registered
		muganoes or Section 607. Upus. r	lorida Statutes.		
		oligations of, Section 607.0505, P	orida Statutes.	-MUK	4/9/97
SIGNATURE		Janek (Jorida Statutes. YNTHIA F TEl Registered Agent signature re	AULK	4/9/97 ONTE
	Stguature, Quid or printed name of registere	Janek (YNTHIA P	AULK	9 19 19 7 DATE
SIGNATURE	Stynature, Jud or printed name of registers OFFICERS	d agent and trie if applicable (NC	YNTHIA F	AULK equired when reinstaling)	DATE DEERS AND DIRECTORS IN 12
SIGNATURE	Stip utore: Field or printed name of registers OFFICERS	d agent and trie if applicable (NC AND DIRECTORS	YNTHIA P ITE Registered Agent signature re 13.	AULK equired when reinstaling)	DATE DEERS AND DIRECTORS IN 12
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SIGNATURE:

Cychala Harala OK Bynyhia FAULK 4/9/97 829-2000

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