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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State

FILED

Feb 11 1998 8:00am

WS DISTRIBUTING COMPANY																		
Principal Place of Business Mailing A							ling Address						T FEOTIBEIL SED ENTER BITTLE GOLST BRITTS &	111 3010 1 14 7	IN IIRIO IOIAO		 	
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TAMPA FL 33601					TAMPA FL 33601					H.	DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified							
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2. Principal Place of Business						2a, Mailing Address							/2/09/1996 Et Number		1.1	Annli	ed For	
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Suite, Apt. #, etc						Suite, Apt. #, etc.								<u> </u>	\$8.75			
22					27	27					'	6, C	ertificate of Status Desired		Fee			
City & State					1	City & State						6 . EI	lection Campaign Financing		\$5.0	0 м	ау Ве	
23					28	28						Tr	rust Fund Contribution		Adde			
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24		25 Second Address of Correct F			29								ersonal Property Tax due Jun lame and Address of New R		*	N.	V O	
9. Name and Address of Current Registered Agent								- 81	П	Name		U, N	ISING BING ACCIOES OF NEW IN	aðikraian	Mani			
FOWLER, WHITE, GILLEN, BOGGS, VILI						LAREAL				Name								
501 EAST KENNEDY BLVD.							82] ;	Street A	ddress	(P.O	 Box Number is Not Accepte 	ıble)					
SUITE 1700										63								
TAMPA FL 33602								L										
								84	١ '	City	FL				_ 65 Zip	85 Zip Code		
11	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or troth, in the State of Florida, Such change was authorities.										corporat	lion s	submits this statement for the	nurnose r	of changing	its r	egistered	
	office or re	ogistered ag m familiar wi	jent, or ith, and	both, in the State accept the oblic	e of Flo autions	rida Suc of Section	th change was a on 607,0505. Fi	authorized by orida Statute	yth s.	he corpo	oration's	s boa	ard of directors. I hereby acco	ept the ap	pointment a	as req	gistered	
		Treatment In		the state of the state of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,			-									
SIGNATURE Stgrature, typod as product harrier of recipitored agent and title if applicable (NOTE Registe								E Registered Ag	ent	signature ri	equired wh		·	DATE				
12				OFFICERS AN	AD DIB	ECTORS		13.			P/S/T		DITIONS/CHANGES TO OFF	ICERS AN		_		
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l	NAME ROBINSON, WILLIAM S							1.2 NAME										
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliermental 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.

William S. Robinson, Pres.

813-685-4219