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Mar 28 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 # **PA6000027145**
1. Corporation Name
M & E Distributors, Inc.

Principal Place of Business: **3370 Banks rd #106 Margate, FL 33063**
Mailing Address: **P.O. Box 934612 Margate, FL 33093-4612**

3. Date Incorporated or Qualified: **March 27, 1996**
3a. Date of Last Report: **n/a**

2. Principal Place of Business: **4770 NW, 9th Street**
21. Suite, Apt. #, etc.:
22. City & State: **Coconut Creek FL**
23. Zip: **33063-4657** 25. Country: **USA**
2a. Mailing Address: **P.O. Box 934612**
26. Suite, Apt. #, etc.:
27. City & State: **Margate, FL**
28. Zip: **33093-4612** 30. Country: **USA**

4. FEI Number: **65-0655029**
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

10. Name and Address of New Registered Agent
81. Name: **Mark Martone**
82. Street Address (P.O. Box Number is Not Acceptable): **4770 NW, 9th Street**
83. City: **Coconut Creek FL** 85. Zip Code: **33063-4657**

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 not a party and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **March 18, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	President/ Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Mark Martone
13. STREET ADDRESS	4770 NW, 9th Street
14. CITY-ST-ZIP	Coconut Creek, FL 33063-4657
21. TITLE	Vice President/ Treasury <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Evelynn E. Martone
23. STREET ADDRESS	4770 NW, 9th Street
24. CITY-ST-ZIP	Coconut Creek, FL 33063-4657
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	500002127645 <input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	-03/28/97--01128--005
63. STREET ADDRESS	***173.75
64. CITY-ST-ZIP	3-28

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 contained 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3-18-97** (954) 974-1506
MARK MARTONE Day, mo Phone #
(CH # 1511 612375)

CR2E034 (9/96)