

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000051315 (5)

1. Corporation Name

WIDESPREAD DISTRIBUTION, INC.

Principal Place of Business

1400 N.W. 122ND AVE.  
PLANTATION FL 33323-2420

Mailing Address

1400 N.W. 122ND AVE.  
PLANTATION FL 33323-2420

2. Principal Place of Business

21 4987 NW 23 Avenue

26 Mailing Address

26 4987 NW 23 AVENUE

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, FL

City & State

28 Ft. Lauderdale, FL

29

Zip

29 33309

30

Country

30 USA

9. Name and Address of Current Registered Agent

FITZGERALD, JOHN

1400 N.W. 122ND AVE.

PLANTATION FL 33323-2420

3. Date Incorporated or Qualified  
06/13/1996

3a. Date of Last Report

4. FEI Number  
65-0688365

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

10. Name and Address of New Registered Agent

Robert Newman

4987 NW 23 Avenue

81

Name

85 Zip Code  
33309

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

83

84 City

4/29/97

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 of New Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Newman		1.2 NAME
STREET ADDRESS	4987 NW 23 Avenue		1.3 STREET ADDRESS
CITY-ST-ZIP	Ft. Laud. FL 33309		1.4 CITY-ST-ZIP
TITLE	Chairman	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Fitzgerald		2.2 NAME
STREET ADDRESS	4987 NW 23 Ave.		2.3 STREET ADDRESS
CITY-ST-ZIP	Ft. Laud. FL 33309		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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:

ROBERT NEWMAN

4/29/97 (052)486-3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

092342

CR2E034 (5/96)