

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 28 1997 8:00am
Secretary of State

DOCUMENT # P96000051315 (5)

1. Corporation Name
WIDESPREAD DISTRIBUTION, INC.

Principal Place of Business

1400 N.W. 122ND AVE.
PLANTATION FL 33323-2426

Mailing Address

1400 N.W. 122ND AVE.
PLANTATION FL 33323-2426



3. Date Incorporated or Qualified
06/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 4987 NW 23 Avenue

2a. Mailing Address

26 4987 NW 23 AVENUE

4. Fbi Number

65-0688365

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

23 Ft. Lauderdale, FL

27 City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

33309

25 Country

USA

29 Zip

33309

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

FITZGERALD, JOHN
1400 N.W. 122ND AVE.
PLANTATION FL 33323-2426

10. Name and Address of New Registered Agent

81 Name Robert Newman

82 Street Address (P.O. Box Number is Not Acceptable)
4987 NW 23 Avenue

83

84 City Ft. Lauderdale

FL

85 Zip Code
33309

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 officer or director of corporation and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

4/29/97

12. OFFICERS AND DIRECTORS

TITLE

NAME Robert Newman
STREET ADDRESS 4987 NW 23 Avenue
CITY - ST - ZIP Ft. Laud., FL 33309

DELETE

TITLE

NAME Chairman
John Fitzgerald
STREET ADDRESS 4987 NW 23 Ave.
CITY - ST - ZIP Ft. Laud., FL 33309

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT NEWMAN

4/29/97

(954) 486-3131

Date

Daytime Phone #

0282342

CR2E034 (9/96)