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Jan 27 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 # P96000059567 (3)  
1. Corporation Name  
D & S DISTRIBUTING OF ORLANDO, INC.



Principal Place of Business Mailing Address  
52 EAST COLONIAL DRIVE ORLANDO FL 32801  
52 EAST COLONIAL DRIVE ORLANDO FL 32801-1216

3. Date Incorporated or Qualified 07/17/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 59 E Colonial DR.  
22 Suite, Apt #, etc.  
23 Orlando, FL  
24 32801  
25  
26 59 E Colonial DR.  
27 Suite, Apt #, etc.  
28 Orlando, FL  
29 32801  
30

4. FEI Number 59-3398392  
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  
7. 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

RUNYAN, GARY G  
3960 SOUTH BANANA RIVER BLVD.  
COCOA BEACH FL 32831

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 typed or printed name of registered agent and fee if applicable INOTE Registered Agent signature required when reinstating DATE

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Columns include TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 12 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns include 1.1 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition.

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: Duncan S Smith 1-9-97 407-855-1805  
Date Daytime Phone #

CR2E034 (9/96)