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May 14 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 # P96000061594 (3)

1. Corporation Name
TRIAD DISTRIBUTING, INC.



Principal Place of Business
1111 NE 7TH AVENUE
FORT LAUDERDALE FL 33304

Mailing Address
1111 NE 7TH AVENUE
FORT LAUDERDALE FL 33304-2026

3. Date Incorporated or Qualified 07/22/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 1111-A NE 7TH AVE Suite, Apt. #, etc. 22 Suite 100 City & State 23 Fort Lauderdale, FL Zip 24 33304 Country 25 WA	26 PO BOX 4789 Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale, FL Zip 29 33300 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, CHRIS 1111 NE 7TH AVENUE FORT LAUDERDALE FL 33304	81 Name BOB MOORE 82 Street Address (P.O. Box Number is Not Acceptable) 1111-A NE 7TH Avenue 83 Suite 100 84 City Fort Lauderdale FL 85 Zip Code 33304

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]* President April 22, 1997
Signature, type or printed name of 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	D	1.1 TITLE	D, P, T & S
NAME	WALKER, CHRIS	1.2 NAME	BOB MOORE
STREET ADDRESS	1111 NE 7TH AVENUE	1.3 STREET ADDRESS	1111-A NE 7TH Ave S-100
CITY - ST - ZIP	FORT LAUDERDALE FL 33304	1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33304
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	100002190911
STREET ADDRESS		5.3 STREET ADDRESS	-05/27/97--01019--004
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***521.25
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)(l), 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: *[Signature]* President 4-22-97 (184) 520-0849
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)