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

**PROFIT CORPORATION** ANNUAL REPORT

LITTMAN, ERIC P ESQ.

MIAMITE 39181

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1428 BRICKELL AVENUE EIGHTH FLOOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 DOCUMENT # P96000067835 (4) BLUE PARROT DISTRIBUTORS CORP. Principal Place of Business Mailing Address 200 CRANDON BLVD. AVENUE EIGHTH FLOOR 32-247 DO NOT WRITE IN THIS SPACE KEY BISCAYNE FL 33149 3. Date Incorporated or Qualified 08/13/1996 2. Principal Place of Business 2a. Mailing Address Applied For 18m-21 65-0698845 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

81 Name

82

83

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

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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD B DELETÉ Change TITLE 1 1 TITLE AKER, GEORGE NAME 12 NAME ENZ-SE OULS 260 CRANDON BLVD. 32-247 STREET ADDRESS 1.3 STREET ADDRESS **MI**AMI FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE M Change Addition TITLE 2.1 TOTLE NAME GROSSMAN, LISA K 2.2 NAME Grossman, USA K **875 HAMPTON LN.** STREET ADDRESS 2.3 STREET ADDRESS ZNO Greenwood De KEY BISCAYNE FL CITY-ST-ZIP 2 4 CiTY-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME HEET ADDRESS 6.3 STREET ADDRESS '-\$7-ZIP 6.4 CITY+ST-ZIP

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 "icer 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 ck 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Apr 24 1998 8:00am