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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000069923 (6) DOCUMENT #

TRAMAR DISTRIBUTION, IN	C.		
Principal Place of Business	Mailing Address		
18908 TOBACCO ROAD LUTZ FL 33549	16908 TOBACCO ROAD LUTZ FL 33549	DO N	
		3. Date Incorporated or 08/21/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-3396987	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status D	
City & State	City & State	Floating Compaign Fi	
23	28	6. Election Campaign Fit Trust Fund Contribution	

FILED Apr 30 1998 8:00am Secretary of State



OT WRITE IN THIS SPACE Qualified Applied For Not Applicable \$8.75 Additional esired Fee Required \$5.00 May Be nancing Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 Statu 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 came of registered ament and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE __ Change Addition PN 1.1 TITLE TITLE RAMSEY, MICHAEL R 1.2 NAME NAME 16906 TOBACCO ROAD STREET ADDRESS 1.3 STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE NAME RUCKER, JEFFREY L 2.2 NAME STREET ADDRESS 16908 TOBACCO ROAD 2 3 STREET ADDRESS **LUTZ FL 33549** 2 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE DRUMMOND, KERI L NAME 3.2 NAME 16906 TOBACCO ROAD STREET ADDRESS 3.3 STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME RAMSEY, MARGARET J 4.2 NAME 16908 TOBACCO ROAD STREET ADDRESS 4.3 STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZW 4.4 CITY - ST - ZIP DELETE 51 TITLE Change ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

14. I 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 arrival 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 13 if changed or on an attachment with an address.

SIGNATURE: Margary 6.