

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000072981 (9)**  
 1. Corporation Name  
**ATLANTIC COAST DISTRIBUTORS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>772 WASHBURN MELBOURNE FL 32935 US</b>	Mailing Address <b>772 WASHBURN MELBOURNE FL 32935 US</b>
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3. Date Incorporated or Qualified <b>09/03/1996</b>
4. FEI Number <b>59-3400464</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent	
<b>PALADIN, JOSEPH 6830 SOUTH HIGHWAY A1A MELBOURNE FL 32591</b>	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD PALADIN, JOSEPH</b>
STREET ADDRESS	<b>6830 SOUTH HIGHWAY A1A</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32591</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S PALADIN, MICHELE</b>
STREET ADDRESS	<b>6830 SOUTH HIGHWAY A1A</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32591</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD BILLINGTON, BARRY P</b>
STREET ADDRESS	<b>878 N.W. 6TH AVENUE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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]* **BARRY P. BILLINGTON** 4-28-98 954-918-7200

CFR2034 (10/97)