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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9600 0 ER DISTRIBUTING, INC.	0080725 (0)			P. 8844 1886 1888 811 188
Principal Place	e of Business	Mailing Address			is motel 19010 final Attraction
2310 HOLLYWOOD BLVD. 2310 HOLLYWOOD BLVI SUITE 305 SUITE 305).		
HOLLYWOOD FL 33020		HOLLYWOOD FL 33020		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
0 Dringing D	lace of Business	2a, Mailing Address		09/27/1996 4. FEI Number	l la conse
	lace or business			65-0697248	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	w. 0.00	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	·····
24	25	29	30		Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered	Agent
BE	N-JON, GERBER		81 Name		
2310 HOLLYWOOD BLVD.			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
SUITE 305			0.0007100	TOO (1.0. DOX HOMEDO TO THOSE PROPERTY)	
HC	XLLYWOOD FL 33020		83		
			84 City		85 Zip Code
			84 City	FL	85 Zip Code
SIGNATURE	Signature typed or printed nervin of registered ago: OFFICERS ANI		E Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1,1 TOTLE	7,5511107107071111020710 017110271077710	Change Addition
NAME	Gerber, Ben-Jon		1.2 NAME		
STREET ADDRESS	2310 HOLLYWOOD BLVD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		TT 20
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T pricte	5.4 CITY-ST: ZIP		Channe Laurer
TITLE		☐ DELETE	6.1 TITLE		Change Addition
			0.0111015		
NAME STREET ADDRESS			6.2 NAME 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 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 13 if changed, or on an attachment with an address.

SIGNATURE: