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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000084330 (5)

GDI DISTRIBUTORS INC.

SIGNATURE:

		14			-		
Principal Place		Mailing Address					
2400 W COPAN	IS RD.	2400 W COPANS RD.					
POMPANO BEA	ACH FL 33069	POMPANO BEACH FL 3	3069-1232				
					3. Date Incorporated or Qualified 10/09/1996	3a. Date of	Last Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	.	Applied Fo
21	and the second of the second s	26	.,,		1 65 -0/01292	<u> </u>	Not Applic
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
22		City & State		J			
City & State	e	 1			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
23 Zip	Country	28	Country		This corporation has liability for		
24	25	29	30		1	Yes N	
<u> </u>	9. Name and Address of Cur				10. Name and Address of New R	egistered Ager	nt
ZUC	KER, ALLAN B	A. M.	81 N	lame			
	W COPANS ROAD		B2 S	treet Addre	ess (P.O. Box Number is Not Accepta	ible)	
#8					, , , , , , , , , , , , , , , , , , , ,		
POM	APANO BEACH FL 33089		83				
•			84 (City		6:	Zip Code
				•		FL	·
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tules, the above-n	amed corp	oration submits this statement for the on's board of directors. I hereby according to the control of the contro	purpose of cha	inging its registe nent as register
agent. La	am familiar with and accept the of	oligations of Section 607.0505,	Florida Statutes.	о согроган			
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered		IOTE: Registered Agent s	ignature require		DATE DE LO COLO	PECTODE IN 10
12.	OFFICERS	AND DIRECTORS	13.	ignature require	ed when reinstalings ADDITIONS/CHANGES TO OFF	ICERS AND DIF	
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SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 17 1997 8:00am

Secretary of State