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

SIGNATURE:

## Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of state . . . DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P96000089572 DOWN TO EARTH DISTRIBUTION, INC Principal Place of Business Mailing Address 2300 Palm Beach LAKES BLVD Suite 207B DO NOT WRITE IN THIS SPACE WEST Palm Beach, FL 33409 3. Date Incorporated or Qualified USA NOV - 1996 2. Principal Place of Business 21 ちぬめど 2a. Mailing Address 4. FEI Number Applied For 65-0696006 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State uly & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name AL Jerone Street Address (P.O. Box Number is Not Acceptable) 2300 Palm Bch LAKE BWD Suik 2078 833 WPB PL 33409 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 layouar with and accept the obligations of, Section 607.0505. Florida Statutes SIGNATURE of may dered report and little it applie (NOTE: Registered Agent's gnature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICERS AND DIRECTORS 12. 13. DELETE 1 1 TITLE Change TITLE President CHRISTOPHER BELL POBOX1401 NAME 1.3 STREET ADDRESS ake worth, Fl 33460 1.4 CITY - ST - 7IP DITY - ST - ZII 2 1 TITLE Change Addition TITLE NAME DR AL JEROME 2801 EMBASSY DR. W. Palm Beach FL STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 C(1Y+ST-Z)P DR. Fred Blumenfeld 6 TARRINGTON CIRCLE PALM BEACH GARDENS, FL Change Addition TITLE 3.1 THE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST 70 3.4 CITY - ST - ZIP Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7/P 4.4 CiTY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1:70 54 CITY: ST-ZIP 3000024742**8**@ TITLE ☐ DELETE 61 Hill -04/01/98--01002--025 NAME 6.2 NAME \*\*\*150.00 STREET ADDRESS 6.3 STRUET ADDRESS CHY-51 702 6 4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing opes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount report or supplementar 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 corporatory 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 changey, gon an attaching ht wight and cess.

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