

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

FILED

Mar 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000094745 (2)  
1. Corporation Name  
LIZARD DISTRIBUTING CO.



Principal Place of Business: 3429 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308-7003  
Mailing Address: 3429 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308-7003

3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report	
2. Principal Place of Business 21 701 N.W. 57 <sup>th</sup> PL Suite, Apt. #, etc.		2a. Mailing Address 26	
22 City & State 23 Ft. Lauderdale FL		27 City & State	
24 33309 Country USA		28 29 30	
4. FEI Number 65-0714595		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SQUIRE, STEVEN F 625 NORTHEAST THIRD AVENUE FORT LAUDERDALE FL 33304				10. Name and Address of New Registered Agent			
81 Name				Sandra Fisher			
82 Street Address (P.O. Box Number is Not Acceptable)				3429 Galt Ocean Drive			
83							
84 City				Ft. Lauderdale		FL	
				85 Zip Code		33308	

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: *Sandra L. Fisher* SANDRA L. FISHER DATE: 3/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGER, LEE	1.2 NAME	
STREET ADDRESS	3429 GALT OCEAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-7003	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, SANDRA	2.2 NAME	
STREET ADDRESS	3429 GALT OCEAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-7003	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Sandra L. Fisher* SANDRA FISHER DATE: 3/10/97 DAYTIME PHONE #: 931-563-7575

CR2E034 (9/96)