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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mòrtham 🛒

FILED

Apr 16 1997 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

	MENT # P96000 DISTRIBUTORS, INC.	098524 (7)					
Principal Place of Business Mailing Address					T TO BUILDED 1940 TO THE TOTAL OF THE POST OF THE STATE O		
4824 7TH AVENUE NORTH ST PETERSBURG FL 33713 4824 7TH AVENUE NORTH ST PETERSBURG FL 33713-6107							
					3. Date Incorporated or Qualified	3a. Date of Last Report	
				·	12/02/1996		
├ ─``	Place of Business	2a. Mailing Address		•	4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt.						Not Applicable \$8.75 Additional	
22]					5. Certificate of Status Desired	Fee Required	
City & Sta	ile	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for in		
24	25	29	30			Yes No	
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Reg	listered Agent	
[RLE, STEVEN PA		L				
	2101 CORPORATE BLVD. N.W.			82 Street Add	ress (P.O. Box Number is Not Acceptable	le)	
#325 BOCA RATON FL 33431			ŀ	83			
DUCA HATUN PL 33431			1		· · · · · · · · · · · · · · · · · · ·		
				64 City		FL 85 Zip Code	
office or agent 1 SIGNATURE					poration submits this statement for the pi tion's board of directors. I hereby accep	the appointment as registered	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 717	LE		Change Addition	
NAME	ROSSMAN, JOHN R		1.2 NA	ME			
STREET ADDRESS			1.3 \$11	REET ADDRESS			
CITY-ST-ZIP	ST OFTERSBURG FL 33713	Dipuere		Y-ST-ZIP		Change Addition	
TITLE		DELETE	2.1 \$17			Change Addition	
NAME			2.2 NA			·	
61tV 61 7/0				HEET ADDRESS	. 		
CITY-S1-ZIP		DELETE	3.1 TIT	IY-SY-ZIP		Change Addition	
NAME	}		3.2 NA	- 1			
STREET ADDRESS			3.3 ST	REET ADDRESS	•		
CiTY-ST-ZIP	1		3.4, CI	ry-ST-ZIP		Λ	
TITLE		DELETE	4.1 TITLE		1/1/ A	Change Addition	
NAME			4. 2 NA	ME]	V1/1/1/1/	/	
STREET ADDRESS			4.3 STF	REET ADDRESS	11.10	'	
CITY-ST-ZIP		F-1		Y-ST-ZIP		7 (
TITLE		DELETE	5.1 TIT	ļ		☐ Change ☐ Addition	
NAME			5.2 NA	I			
STREET ADDRESS	5		I	REET ADORESS			
CITY-ST-ZIP		DELETE		Y-ST-ZIP	20000214	53 Lichange Addition	
TITLE		בן טכננונ	6.1 TIT 6.2 NA		20000214 -04/17/970101	19056	
NAME STREET ADDRESS				REET ADDRESS	***173.75		

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 chapted, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

IFIBHUR. ROSSMAN, Dr. 3-24-41