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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700004679

1. Corporation Name

J & E DISTRIBUTORS, INC.

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90282 016 \*\*\*150.00

TO REPORT DE LA CORPO COMPLET DE CORPO DE COMPLETA DE COMPLETA DE COMPLETA DE COMPLETA DE COMPLETA DE COMPLETA

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Principal Place of Business Mailing Address							7 100:1100: 110 1911: 100:11 00:11 00:11	.,			
500 SERENITY PLACE		500 SERENITY PLACE									
LAKE MARY FL 32746		LAKE MARY FL 32746					DO NOT WRITE IN THIS SPACE				
						<u> </u>		E IN I HIS	SPACE		
							3. Date Incorporated or Qualifed				
							01/16/1997		<del></del>		
2. Principal Place of Business 2a. Mailing Addr							4. FEI Number		~ <del></del>	plied For	
21		26	· سي -سد سر. -	··· .		~ ~	59-3428535			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired					
City & State		City & State					6. Election Campaign Financing \$5.00 May Be				
	•	28					Trust Fund Contribution		Added 1		
23 Zip	Country	Zip	C	ountry			8. This corporation owes the curre	ent vear Int	angible		
一 ·	25	29	30	,		[	Personal Property Tax.	, <b>,</b>	₩ Yes	□No	
24	9. Name and Address of Currer		130				0. Name and Address of New R	egistered /	Agent		
	3. Name and Address of Guiter	it registered Age		81	Name						
MOSESMAN, JACK											
500 SERENITY PLACE				82	Street	Address	(P.O. Box Number is Not Accepta	:ble)			
LAKE MARY FL 32746				83		<del></del> -					
	I WATER OF TO			00	1					ļ	
				84	City				85 Zip	Code	
								FL_	يبك		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	s authonz	ea ov	the coro	corporat oration's	ion submits this statement for the board of directors. I hereby accep	purpose of it the appoir	changing its ntment as re	registered	
•	3-										
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	OTE: Register	ed Age	nt signature r	required whe	en reinstating)	DATE			
12.	OFFICERS AN	ND DIRECTORS	1;	3.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	D	DELETE	1.1	TITLE					Change	☐ Addition [	
NAME	MOSESMAN, JACK		1.2	NAME			,	1.10	4100	<b>,</b>	
STREET ADDRESS	*		STREE	T ADDRESS	hal	o Creevegove (	311001	# 100	メ ,		
CITY-ST-ZIP			CITY-S	T- 7IP	3	Greenstone A	. 327	146	1		
TITLE			TITLE		<u> </u>	11(10)		Change	☐ Addition		
NAME		_	- 1	NAME							
Ì			I		TADORESS					,	
STREET ADDRESS	الخفايي بنصف بالفاري	The second second				-				· - `	
CITY-ST-ZIP		□ DELETE		TITLE	)1-ZIP	<del>                                     </del>			☐ Change	Addition	
TITLE		□ occeie								_	
NAME				NAME							
STREET ADDRESS	•	•	3.3	STREE	TADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP	<b>├</b> ──				□ A dditi	
TITLE		☐ DELETE		TITLE					☐ Change	☐ Addition	
NAME			4 4	NAME		1					

CITY-ST-ZIP 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 concording to the concording 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 concording that my name appears in Block 12 or Block 13 if changed, or on an appear with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY+ST+ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TURE REQUITACE MOSES MAN PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

7182381

Change

Change

☐ Addition

☐ Addition