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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000011237 (9)

FINE DISTRIBUTOR ENTERPRISES, INC.

Mailing Address Principal Place of Business

## **FILED** Feb 26 1998 8:00am Secretary of State



City & State   City   C	ip Code
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9, Name and Address of Current Registered Agent  AMERILAWYER CHARTERED  343 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  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 changin office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. Hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: hyred or predict name of improved agent and fact it any familiar. (NOTE Registered Agent signature required when reinstalling)  12. OF ICE RS AND DIRECTORS  13. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  PORTNER, CARY  321 NORTH UNIVERSITY DRIVE, SUITE B11B  13. STREET ADDRESS  CITY-ST-ZIP  PLANTATION FL 33324  DELETE  14. CITY-ST-ZIP  DELETE  15. TITLE  DELETE  16. DELETE  17. TITLE  DELETE  18. DELETE  18. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. STATEST ADDRESS  20. N. UNIVERSITY  PLANTATION FL 33324  DELETE  DELETE  14. CITY-ST-ZIP  DELETE  25. TITLE  DELETE  15. TITLE  DELETE  16. TITLE  DELETE  17. TITLE  DELETE  18. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. SIRRET ADDRESS  20. N. UNIVERSITY  PLANTATION FL 33324  DELETE  DELETE  18. DDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. STATEST ADDRESS  20. N. UNIVERSITY  PLANTATION FL 33324	ip Code
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indicated on this annual report or supplied with this immig does not quality for the exemption stated in Section 119.07(3)(), Frontoa Statutes, I further certify that the information indicated on this annual report or supplied entural 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 trusted 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 address.