

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 01 1998 8:00am
Secretary of State

DOCUMENT # P97000028320 (4)

1. Corporation Name
ESSEX DISTRIBUTING, INC.



Principal Place of Business

Mailing Address

2525 DOVETAIL DRIVE
OCOE FL 34761

2525 DOVETAIL DRIVE
OCOE FL 34761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 8537 HONOLULU DR	26 8537 HONOLULU DR	4. Date Incorporated or Qualified 03/26/1997	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3433665	
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 ORLANDO, FL 32818	City & State 28 ORLANDO, FL 32818	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32818	Country 25 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KENNY, GARRY 2525 DOVETAIL DRIVE OCOE FL 34761		81 Name GARRY KENNY	
		82 Street Address (P.O. Box Number is Not Acceptable) 8537 HONOLULU DR	
		83	
		84 City ORLANDO	
		85 Zip Code 32818	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	KENNY, GARRY	1.2 NAME	GARRY KENNY
STREET ADDRESS	2525 DOVETAIL DRIVE	1.3 STREET ADDRESS	8537 HONOLULU DR
CITY-ST-ZIP	OCOE FL 34761	1.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D	2.1 TITLE	D
NAME	KENNY, DEBORAH	2.2 NAME	DEBORAH KENNY
STREET ADDRESS	2525 DOVETAIL DRIVE	2.3 STREET ADDRESS	8537 HONOLULU DR
CITY-ST-ZIP	OCOE FL 34761	2.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

CR2E034 (10/97)