## 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** Mar 24 1998 8:00am Secretary of State

	ERCIAL D	ISTRIBUTING	COMPANY	765 (2)	· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business				g Address					
275 NORTHEAST 94TH STREET MIAMI SHORES FL 33138-2829				275 NORTHEAST 94TH STREET MIAMI SHORES FL 33138-2829			1		
MIAMI STOTES FL 33130-2029				MIRMI SHOTIES PE SSISO-2028			DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualified 07/09/1997		
2. Principal Place of Business				ailing Address			4. FEI Number Applied For		
21				[26]			65-0770210 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
22 City & Stale				City & State			Fee Required		
23				28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
Zip	Zip Country		Zij	Zip Cou		8. This corporation owes or has paid the current year Intar			
24	25 29			30		Personal Property Tax due June 30. 💢 Yes 🔲 No			
		and Address of C	urrent Registere	d Agent		<del></del>	10. Name and Address of New Registered Agent		
	UWEILER,				81	Name	ne		
275 NORTHEAST 94TH STREET							eet Address (P.O. Box Number is Not Acceptable)		
MIAMI SHORES FL 33138-2829			9	83					
				84 City			<b>FL</b> 85 Zip Code		
11. Pursuant	to the provis	ions of Sections 60	7.0502 and 607.1	508, Florida Statul	tes, the above	named	and corporation cultimite this statement for the purpose of changing its registered		
office or r agent. I a	regi <b>st</b> ered ag am f <b>a</b> mitiar wi	ent, or both, in the th, and accept the	State of Florida. Sobligations of, Se	Such change was ection 607.0505, Fl	authorized by orida Statutes	the cor	corporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature typed	or printed name of registe	red agent and title if ap-	plicable (NO1	E Registered Age	nt signature	ature required when reinslating) DATE		
12.		OFFICE	S AND DIRECTO	RS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PV			DELETE	1.1 TITLE		PVD (NO DIRECTUR! Change Maddition		
NAME NEUWEILER, TEO JR					1.2 NAME				
STREET ADDRESS					1.3 STREET ADDRES		SS		
CITY-ST-ZIP		HORES FL 3313	8-2829	T pereze	1.4 CiTY - S1	r-ZIP	A TANK NOOFFOR		
TITLE	ST	UED DOMBIA IE	•	☐ DELETE	2.1 TITLE		STD (ADD DIRECTOR) Y Change Y Addition NEUWBILER, DONNA W. (OHO JR 17 W),		
NAME	ATE MODELIE ACT OFFICE			2.2 NAME		4 DD DEAD	NEUWBILEK, DONNA WI COMO SE 10 W,		
MANA CHODEC EL COSCO COCO				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			35		
CITY-ST-ZIP TITLE	IMILANI O	HONES I E 33 IS	0.5059	DELETE	3.1 TITLE	1-219	Change Addition		
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS	SS		
CITY-ST-ZIP					3.4. CITY-S	1 - ZIP			
TITLE				DELETE	4.1 TITLE		Change Addition		
NAME					4. 2 NAME				
STREET ADDRESS					4.3 STREET	address	38		
CITY-ST-ZIP					4.4 City-St	- ZIP			
TITLE				DELETE	5.1 TITLE		Change Addition		
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET		38		
CITY-ST-ZIP	<del>_</del>			Driett	5.4 CITY - ST	- ZIP	Channa Claddina		
TITLE				DELETE	6.1 TITLE		Change Addition		
NAME					6.2 NAME	1 DDDCGG			
STREET ADDRESS					6.3 STREET 6.4 CITY - ST		13		
CITY-ST-ZIP					0.4 (1111 - 51	- CIT			

14. Thereby 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.