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

DOCUMENT #

P97000076890 (7)

P & S DISTRIBUTORS, INC.

Principal Place of	Business	

Mailing Address

FILED May 19 1998 8:00am Secretary of State



9794 ROYAL PALM BOULEVARD CORAL SPRINGS FL 33065			9794 ROYAL PALM BOULEVARD CORAL SPRINGS FL 33065				
					DO NOT WRITE IN THE 3. Date Incorporated or Qualified	S SPACE	
					09/02/1997		
	lace of Business	2a, Mailing Addres	is .		4. FET Number (1009 405	Applied For	
Suite, Apt.	#. etc.	26 Suite, Apt. #, e	le .		05-01119-103	Not Applicable	
22		27	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 28 28				Trust Fund Contribution	Added to Fees		
Zip 24	Country 25	Ζφ 29	Z _(p) Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre		[30]		10. Name and Address of New Registere		
S	WANSON, PETER		8	1 Name			
9794 ROYAL PALM BOULEVARD			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33085		8					
			В	3			
			8	4 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508, Florida	Statutes, the abo	L ve-named corp	poration submits this statement for the purpose	of changing its registered	
office or r agent. I a	egister ed agent, or bolh, in the Stat <mark>m famili</mark> ar with, and accept the obկ	e of Florida. Such change _} ations of, Section <mark>607.0</mark> 5	e was authorized I i05, f Iorida Statut	by the corporates.	tion's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE							
12.	Signature, typed or profest name of regent rest at OFFICE RS. AN	iercand tilentapplicable VD DIRECTORS	(NOTE Registered A	gont signature requi		UD DIDEOTORO IL IA	
TITLE	D	DELE		1	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	SWANSON, PETER		1.2 NAMI	1			
STREET ADDRESS	9794 ROYAL PALM BOULE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 3306	·	1.4 City				
TITLE	D NOME OFFICE	L DELE				Change Addition	
NAME Street address	ARCA MODEL HAPOT APPLICACION		2.2 NAME				
CITY-ST-ZIP	CORAL SPRINGS FL 3306		2.3 STRE	T ADDRESS			
TITLE		DELE		31.211		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	**************************************	T loste	3.4. CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME		L_) DELE				L_ Change L_ Addition	
STREET ADDRESS			4. 2 NAM	T ADDRESS			
CITY-ST-ZIP			4.4 City-				
TITLE		☐ DELE		-		Change Addition	
NAME			5.2 NAME			. —	
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-21P			
TITLE		☐ OELE				☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS CITY-ST-ZIP	•			T ADDRESS			
0111-01-EIF			6.4 CITY-	51-ZP			

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 employmental annual report is frue 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 couporation 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.