


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

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000079676 (7)

1. Corporation Name

S & P NATIONAL DISTRIBUTING, INC.

Principal Place of Business
3400 SW 11TH ST
DEERFIELD BEACH FL 33442

Mailing Address
3400 SW 11TH ST
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 650780154	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHORR, STEPHEN A 2101 N ANDREWS AVE SUITE 400 FT LAUDERDALE FL 33311				10. Name and Address of New Registered Agent	
				81	Name GARY TERWILLIGER
				82	Street Address (P.O. Box Number is Not Acceptable) 3400 SW 11 ST
				83	
				84	City DEERFIELD BEACH
				85	Zip Code 33442

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, printed name of registered agent and agent's address

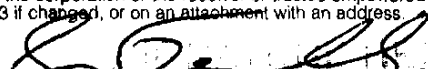
(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TERWILLIGER, GARY	1.2 NAME	
STREET ADDRESS	3400 SW 11TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MATTON, ANGELA J	2.2 NAME	
STREET ADDRESS	3810 NW 58TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	KUHN, CAROLINE A	3.2 NAME	
STREET ADDRESS	2400 NE 10TH COURT #6	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	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



1-13-98

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