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**PROFIT CORPORATION** ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P97000100676 (0)

Principal Place of Business	Mailing Address
10861 OUAIL COVEY RD BOYNTON REACH EL 33436	10861 QUAIL COVEY RD BOYNTON REACH FL 33436

## **FILED** Feb 10 1998 8:00am Secretary of State

	EGIE DISTRIBUTING, INC.				
Principal Pla	ace of Business	Mailing Address		t samings lift love lead   data data and main	ABEST MANUE ANTON JAMIN 8311 JESU
	il Covey RD Beach Fl 33436	10861 QUAIL COVEY RO BOYNTON BEACH FL 33		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
!				12/01/1997	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		34-6523675	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Ζιр	Country	8. This corporation owes or has paid the	current year intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	ed Agent
W	VELLS, JAMES		81 Name		
	0 SE 4TH AVE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
D	ELRAY BEACH FL 33483				
			83		
			84 City		85 Zip Code
					21p code
ti Pursuan	nt to the provisions of Sections 607,050	02 and 607.1508. Florida Statu	les. the above-named com	poration submits this statement for the burbos	e of changing its registered. [
office or	r registered agent, or both, in the State	e of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
office or agent. I	r registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was gallens of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
office or agent. I SIGNATURE	<u> </u>				
SIGNATURE	Signature typed or ponted name of regetered ag	percand life if applicable INO	FE. Registored Agent algnature requi	lred when reinstating) DAT	E
SIGNATURE	Signature appeal or pointed name of togetheres and OFFICERS AN	yer and title if applicable INO	FE. Registored Agent signature requi		E AND DIRECTORS IN 12
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r nereuy 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 suppliemental 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.

561-276-7468