

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90066 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082249

1. Corporation Name
CENTER-ONE DISTRIBUTION CO.



Principal Place of Business
**330 SOUTHWEST 74TH TERRACE
PLANTATION FL 33317**

Mailing Address
**POST OFFICE BOX 15654
PLANTATION FL 33318**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

65-0864761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election - Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6230 PEMBROKE RD.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26

27

28

29

30

City & State

23 MIRAMAR - FL

Zip

24 33023

Country

25 USA

26

27

28

29

30

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name MARGARET LINDA COELHO

**82 Street Address (P.O. Box Number is Not Acceptable)
330 SW 74 TERRACE**

83

84 City

PLANTATION

FL

85 Zip Code

33317

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: **Margaret L. Coelho** **MARGARET L. COELHO - SECRETARY**

04/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **JANUARIO, DENISE C**
STREET ADDRESS **330 SOUTHWEST 74TH TERRACE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VD** ☐ DELETE

NAME **COELHO, NELSON**
STREET ADDRESS **330 SOUTHWEST 74TH TERRACE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☐ DELETE

NAME **COELHO, MARGARET L**
STREET ADDRESS **330 SOUTHWEST 74TH TERRACE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **TD** ☐ DELETE

NAME **JANUARIO, LUIZ R**
STREET ADDRESS **330 SOUTHWEST 74TH TERRACE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
STREET ADDRESS ☐ DELETE
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **Margaret L. Coelho** **MARGARET L. COELHO**

04/23/99 **354.965.8330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)