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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P98000093953

DISTRO SERVICES, INC.

Mailing Address

Principal Place of Business POAD OFFINAL C.

SE AVE 7757 TEDDACE DOLAN 372 N. CONGRESS AVE

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90065 027 ***150.00



LANTANA FL 33	10462 Swite 10-3 LANTANA FL 33462 Swi	ני ומ	1
	Boynton Beach FL Boynt	to Abooch FL	DO NOT WRITE IN THIS SPACE
	33426	33426	3. Date Incorporated or Qualifed
			11/04/1998
	ace of Business 2a. Mailing Address	۸	4. FEI Number Applied For
21 372	N COMPLES AVE 26 372 N. COM	naress tive	65-6876155 Not Applicable
Suite, Apt.		<u>.</u>	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		ch Fl	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23	Country Zip	Country	8. This corporation owes the current year Intangible
24 334	126 25 WPB 29 33426 30	¬ . `\ ∩ `∩2	Personal Property Tax. Yes No
	Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
		81 Name	
CORPORATE CREATIONS ENTERPRISES INC.			ess (P.O. Box Number is Not Acceptable)
4521 PGA BLVD., #211			
PALI	M BEACH GARDENS FL 33418	83	
		84 City	FL 85 Zip Code
· · · · · · · · · · · · · · · · · · ·			
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			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gistered Agent signature required	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **Change
TITLE	D DELETE	1.1 TITLE	1 - 000 - 011
NAME	HANLON, NANCY	1.2 NAME	on on the congress Avenue Suit 103
STREET ADDRESS	7757 TERRACE ROAD	1.3 STREET ADDRESS	4. Paral 121 72/101a
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	oynton Boach FL 33426
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
- TITLE	DELETE -	3.1 TITLE	Change Addition
NAME		. 3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	1
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition [
NAME		4. 2 NAME	,
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CITY-ST-ZIP	· ·	4.4 CITY-ST-ZIP	
TITLE	DÉLETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	•
STREET ADDRESS	`	5.3 STREET ADDRESS	ł
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Do. State
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	:	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	· ·
ı		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 change or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)