

Jul-14-99 03:01P

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90007 004 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000103950			
1. Corporation Name MAJOR DISTRIBUTION COMPANY OF FLORIDA, INC.			
Principal Place of Business 2320 NE 32 COURT LIGHTHOUSE POINTE FL 33064		Mailing Address 2320 NE 32 COURT LIGHTHOUSE POINTE FL 33064	
2. Principal Place of Business		2a. Mailing Address	
21	26	3. Date Incorporated or Qualified 12/14/1998	
Suite, Apt. #, etc.		4. FEI Number 65-088355-1	
22	27	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added In Fees	
23	28	8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	
24	25	29	
Zip	Country	Zip	
9. Name and Address of Current Registered Agent			
TITOLO, JACK 2320 NE 32 COURT LIGHTHOUSE POINTE FL 33064			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 X			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.01(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)