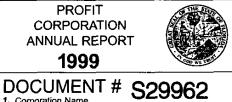
**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



INTERNATIONAL DISTRIBUTION SYSTEMS, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90024 031 \*\*\*150.00

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Principal Place	e of Business	Mailing A	Address	_			21518 (CB) 2(20) 61211 21311 61611	. B1611 81811 1881
910 3RD STREE	ET	910 3RD	STREET					
SUITE A		SUITE A				DO NOT WE	DO NOT WIDITE IN THIS SPACE	
NEPTUNE BEACH FL 32266 US		NEPTUNE US	NEPTUNE BEACH FL 32266			Date Incorporated or Qualifer	DO NOT WRITE IN THIS SPACE	
US		UŞ	•			02/06/1991	•	
3 Driverian D	lace of Business	2a Mailir	ng Address		*******	4. FEI Number		pplied For
<del></del>	IGCA OL DOSILIESS	26. Maiii	ig Address			59-3044985	} <del></del> ∤	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			33 3044380		Additional
22		27	27			5. Certificate of Status Desired	1 1	tequired
City & State		City &	City & State			6. Election Campaign Financing	2 4	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	г	Count	љ	8. This corporation owes the cu	· <u>-</u>	<b>-1</b>
24	25	29		30		Personal Property Tax.	Yes	□No
	9. Name and Address of C	Current Registered	Agent	<del>-  </del>	1 Name	10. Name and Address of New	Registered Agent	
10H	NOON WAITED D			\°	1 Name			
JOHNSON, WALTER R.					2 Street Ac	ddress (P.O. Box Number is Not Accep	table)	
	SEMINOLE ROAD, #8							
AIL	ANTIC BEACH FL 32233		_	8			<u> </u>	
·	•	· · · //		71	4 City		FL I '	Code
office or n	to the provisions of Sections of egistered agent, or beth in the	07.0502 and 507.150	8 Florida Statute	the about	ve-named co	orporation submits this statement for the	e purpose of changing it not the appointment as r	s registered egistered
	n familiar with, and the the	obligati	on 607 0605, Flor	ida Statute	es.		·	
SIGNATURE	n familiar with, and cool the	obligation and title if applica	on 607 0605, Flori	ida Statute	es.	uired when reinstating)	DATE	<del></del>
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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 one an attack that it are active with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP

Daytime Phone #