

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S39713** (0)

1. Corporation Name

JALCO DISTRIBUTING OF MAIN STREET, INC.



Principal Place of Business

Mailing Address

**C/O EMIL G PRATESI
1253 PARK STREET
CLEARWATER FL 34616-2866**

**C/O EMIL G PRATESI
1253 PARK STREET
CLEARWATER FL 34616-2866**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRATESI, EMIL G.
1253 PARK STREET
CLEARWATER FL 34616**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Type or Print Name)

Signature of Registered Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY, ST, ZIP
24. TITLE
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. TITLE
29. NAME
30. STREET ADDRESS
31. CITY, ST, ZIP
32. TITLE
33. NAME
34. STREET ADDRESS
35. CITY, ST, ZIP
36. TITLE
37. NAME
38. STREET ADDRESS
39. CITY, ST, ZIP
40. TITLE
41. NAME
42. STREET ADDRESS
43. CITY, ST, ZIP
44. TITLE
45. NAME
46. STREET ADDRESS
47. CITY, ST, ZIP
48. TITLE
49. NAME
50. STREET ADDRESS
51. CITY, ST, ZIP
52. TITLE
53. NAME
54. STREET ADDRESS
55. CITY, ST, ZIP
56. TITLE
57. NAME
58. STREET ADDRESS
59. CITY, ST, ZIP
60. TITLE
61. NAME
62. STREET ADDRESS
63. CITY, ST, ZIP
64. TITLE
65. NAME
66. STREET ADDRESS
67. CITY, ST, ZIP
68. TITLE
69. NAME
70. STREET ADDRESS
71. CITY, ST, ZIP
72. TITLE
73. NAME
74. STREET ADDRESS
75. CITY, ST, ZIP
76. TITLE
77. NAME
78. STREET ADDRESS
79. CITY, ST, ZIP
80. TITLE
81. NAME
82. STREET ADDRESS
83. CITY, ST, ZIP
84. TITLE
85. NAME
86. STREET ADDRESS
87. CITY, ST, ZIP
88. TITLE
89. NAME
90. STREET ADDRESS
91. CITY, ST, ZIP
92. TITLE
93. NAME
94. STREET ADDRESS
95. CITY, ST, ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY, ST, ZIP
100. TITLE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST, ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY, ST, ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, ST, ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY, ST, ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY, ST, ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY, ST, ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY, ST, ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY, ST, ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY, ST, ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY, ST, ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY, ST, ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY, ST, ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Jack Lima
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

904-765-5310

Date

Signature Phone #

CR2E034 (12/95)