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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # \$41439** 

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## **FILED** Apr 30 1997 8:00am Secretary of State

1. Corporation Name NASHIONAL DISTRIBUTORS, INC.  Principal Place of Business 1885 N.E. 104TH ST. MIAMI SHORES FL 33138  Mailing Address 1685 N.E. 104TH ST. MIAMI SHORES FL 33138-2687											
							3. Date In 03/28/	corporated or Qualific		ate of Last R 01/1996	eport
	al Place of Bus	iness	}i	Mailing Address		<del></del>	4. FEI Nur	nber 256761		<del> </del>	oplied For
21 Suite. A	Apt. #. etc.		26	Suite, Apt. #, etc.							ot Applicable Additional
22	,		27	, , , , , , , , , , , , , , , , , , , ,			5. Certific	ate of Status Desired		-	equired
City & S	State			City & State	<del> </del>		6. Election	Campaign Financing	_	\$5.00	
23		Country	28	Zip	Cour			and Contribution		···	to Fees
Zip 24		Country [25]	29	zip	30	ntry	1 "	rporation has liability Statutes	for intangible  Yes		. 199.032,
<u></u>	9, Nam	e and Address of		tered Agent	1501			and Address of New			
N	VASH, GREGO	DRY			],	81 Name					
	1885 N.E. 104				ļ.	32 Street A	Address (P.O. Box	Number is Not Accep	otable)		<del></del>
N	AIAMI SHORE	S FL 33138									
					l'	83					
					Ī	B4 City			FL	85 Zip	Code
44 Purcu	and to the typyi	cione of Sections 6	07 0502 and 60	7 1508 Florida Ste	tutes the sh	our-parsed	corporation submit	e this statement for the	DO DUILDOOD A		
11, Pursu office agent SIGNATUR	RE.							s this statement for the directors. I hereby ac	ne purpose occept the ap	pointment as	registered
	RE.	ed or printed name of regis		ll applicable. (N			required when reinstating		DATE	·····	
SIGNATU	RE Signature type	od or printed name of regis OFFICE	lered agers and title i	ll applicable. (N	IOTE Registered	Agent signature i	required when reinstating	)	DATE	·····	RS IN 12
SIGNATUI	RE Signal ye tyrk PD NASH, (	od or printed name of region OFFICE	lered agers and title i	II applicable. (N	OTE Regislered	Ageni signature i	required when reinstating	)	DATE	D DIRECTOR	RS IN 12
SIGNATUR  12.  THE  NAME  SIREFT ADDRE	PD NASH, C	OFFICE  OFFICE  REGORY E. 104TH ST	lered agers and title i	II applicable. (N	OTE Registered  13. 11 TITL 1.2 NAM 1.3 STR	Agent aignature	required when reinstating	)	DATE	D DIRECTOR	RS IN 12
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SIGNATUR  12.  THE NAME SIREFT ADDRIC CHY-ST-ZIP THE	PD NASH, C	OFFICE  OFFICE  REGORY E. 104TH ST	lered agers and title i	II applicable. (N	13. 11 1171 1.2 NAN 1.3 STR 1.4 CIT	Agent signature :  E  AE  EET ADDRESS  Y-ST-ZIP  E	required when reinstating	)	DATE	D DIRECTOR	RS IN 12
SIGNATUR  12.  THE  NAME  SIREFT ADDRE  CHY-ST-ZIP  TITLE  NAME	PD NASH, (1885 N.) MIAMI S	OFFICE  OFFICE  REGORY E. 104TH ST	lered agers and title i	il eppikable. (N TORS DELETE	13. 11 1/7/ 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	Agent signature i	required when reinstating	)	DATE	D DIFFECTOR Change	RS IN 12
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SIGNATUR  12.  THE  NAME  SIREFT ADDRI  C-TY-ST-ZIP  THE  NAME  STREET ADDRI  CHY-ST-ZIP  THE  NAME  STREET ADDRI  CHY-ST-ZIP  THE  NAME  STREET ADDRI  CHY-ST-ZIP  THE  NAME  STREET ADDRI  STREET AD	FE Signature type  PO NASH, C 1685 N.I MIAMI S  ESS	OFFICE  OFFICE  REGORY E. 104TH ST	lered agers and title i	Il applicable. (N TORS DELETE DELETE	13. 11 TITI 12 NAM 13 STR 14 CIT 21 TITI 22 NAM 23 STR 2.4 CIT 3.1 TITI 32 NAM 3.3 STR 34 CIT 41 TITI 4.2 NAM 4.3 STR	Agent signature  E.E.  AE  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  E  AE  LEET ADDRESS  Y-ST-ZIP  LE  AME  LEET ADDRESS  Y-ST-ZIP	required when reinstating	)	DATE	D DIRECTOR Change Change	Addition  Addition
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SIGNATULE  12.  DITLE  NAME  SIREFT ADDRI CHY-ST-ZIP  TITLE  NAME  STREET ADDRI CHY-ST-ZIP  TITLE  NAME	PO NASH, C 1685 N.I MIAMI S	OFFICE  OFFICE  REGORY E. 104TH ST	lered agers and title i	II eppikable. (NOTORS   DELETE   DELETE	13. 1 1 171 1 2 NAM 1 3 STR 1 4 CIT 2 1 TITL 2 2 NAM 2 3 STR 2 4 CIT 3 1 TITL 3 2 NAM 3 3 STR 4 4 CIT 4 1 TITL 4 2 NA 4 3 STR 4 4 CIT 5 1 TITL 5 2 NAM 6 3 STR 6 1 TITL 6 2 NAM 6 3 NAM 6 3 STR	Agent aignature  E.E.  AE  EET ADDRESS Y-ST-ZIP  E.E.  AE  AE  EET ADDRESS Y-ST-ZIP  E.E.  AE  AE  ME  ME  ME  ME  ME  ME  ME  ME	required when reinstating	)	DATE	D DIRECTOR Change Change Change Change	Addition Addition Addition Addition Addition
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Importance in concared on this arithment export or supplementar arithment eport is true a rich accurate and that my signature shall have the same legal effect as it made under of larm an officer or director of the corporation or the receiver or distee 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 appear with an address.

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