Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90124 018 ***150.00

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 # \$74226

SEVILLE	DISTRIBUTORS, INC.						
Delegate at Disease		Mailing Address				8.411 6 1811 8 1811 8	I BIH BIHBII HEBI
Principal Place		Mailing Address 7980 NW 53 CT					
7980 NW 53 CT							
DIODEIT ILLE	. ••••				DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 08/15/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			65-0277068	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent	
TEAC	SC IEDOME I		81	Name			
TEPPS, JEROME L			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3411 POWERLINE RD, STE 701							
FIU	AUDERDALE FL 33309		83				
			84	City		85 Zip C	Code
				·	FI	<u> </u>	
11. Pursuant i	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, tl	he above	-named corpo	oration submits this statement for the purpose o	f changing its	registered
							-internal
onice or re	egistered agent, or both, in the State of the familiar with and accept the obligation	of Florida. Such change was author	rized by t	the corporatio	n's board of directors. I hereby accept the appo	ointment as req	gistered
agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was author	rized by t	the corporatio	on's board of directors. I hereby accept the appo	ointment as reç	gistered
agent. I ar SIGNATURE	agistered agent, or both, in the State of manificar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was author tions of, Section 607.0505, Florida	rized by t Statutes.	the corporatio	on's board of directors. I nereby accept the appointment of the property of th	ontment as reç	yistered
agent. I ar SIGNATURE	m familiar with, and accept the obligat	of Florida. Such change was author tions of, Section 607.0505, Florida	rized by t Statutes.	the corporatio	on's board of directors. I nereby accept the appointment of the control of the co	ND DIRECTO	RS IN 12
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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 on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition