

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S94349** (5)  
1. Corporation Name  
**MUTUAL DISTRIBUTORS, INC.**



Principal Place of Business <b>330 NORTH INGRAHAM AVENUE LAKELAND FL 33801</b>	Mailing Address <b>330 NORTH INGRAHAM AVENUE LAKELAND FL 33801</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>11/12/1991</b>		4. FEI Number <b>59-3094772</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>BUCK, JOSEPH S 5324 WOODHAVEN LN LAKELAND FL 33813</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, O. HERMAN			1.2 NAME			
STREET ADDRESS	300 NORTH INGRAHAM AVE.			1.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			1.4 CITY - ST - ZIP			
TITLE	PO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, WILLIAM D.			2.2 NAME			
STREET ADDRESS	1111 LAKEPOINT DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			2.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCK, JOSEPH S.			3.2 NAME	<b>PRESIDENT</b>		
STREET ADDRESS	5324 WOODHAVEN LANE			3.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			3.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUSALEN, ANGEL S.			4.2 NAME			
STREET ADDRESS	5023 SHADY LAKE LANE			4.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			4.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREWS, BARBARA L.			5.2 NAME			
STREET ADDRESS	3325 CREWS LAKE DRIVE			5.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, GRACE			6.2 NAME			
STREET ADDRESS	2215 COLLINS LANE			6.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			6.4 CITY - ST - ZIP			

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.

SIGNATURE: ANGEL S. MUSALEN

CR2E034 (10/97)