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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Composit	UMENT # V2279 DISTRIBUTORS, INC.	99 (3)		1 1						
Principal P	Nace of Business	Mailing Address	Mailing Address			I TELETI MINDA 11214 DIMIS DIDILE VIERE I			EIDII IEEI	
3350 NW 22ND TERRACE STE 500B POMPANO BCH FL 33069		P O BOX 8377 CORAL SPRGS FL 33075-8377 US							_	
US						3. Date Incorporated or Qualified 03/18/1992		of Last R	eport	1
2, Principa	al Place of Business	2a. Mailing Address				4. FEI Number	1 0 1/00		plied For	1
21		26				65-0328547			t Applicable	1
	spt #, etc	Suite, Apt. #, etc.						\$8.75	Additional	٦
22		27				5. Certificate of Status Desired	L.	Fee Re	quired	
City & S	State	City & State				6. Election Campaign Financing	~	\$5.00		1
23		28	<u>-</u>			Trust Fund Contribution		Added t	o Fees	4
Zip	Country	Zip	├	untry		8. This corporation has liability for			199.032,	
24	[25]	[29]	30			Florida Statutes 10. Name and Address of New Re	Yes 🗌			4
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New No	Aistalen vi	en.		4
	SAKER, ROBERT A. III			81				<u></u>	. 	_
3350 NW 22ND TERRACE STE 500B				82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)			1
	OMPANO BCH FL 33069			83						-
P	OMPANU BUTI FL 33009									
{				84	City		FL	85 Zip (Code	
11. Pursua office agent.	ant to the provisions of Sections 607 or registered agent, or both, in the S I am familiar with, and accept the o	0502 and 607.1508, Florida Statu tate of Florida. Such change was bligations of, Section 607.0505, F	tes, the a authoriza lorida Sta	above ed by atutes	named co the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of c pt the appoi	hanging it ntment as	s registered registered	
SIGNATUE	Slignature, type dior printed name of registers	decree red the illoudest at the	TE Qualita	Ann	al cionalus sas	uired when reinstating)	DATE			
12.		AND DIRECTORS	13		ni signatura red	ADDITIONS/CHANGES TO OFFI		IRECTOR	S IN 12	10
THE	D	DELETE		TITLE		7.001101107070111110201101111		Change	Addition	- 8
NAME	BAKER, ROBERT A. III		#- [` <u>1.</u> 21		. (-		
STREET ADDRE	AARA ISW SAND PERS ATE	500B	13	STREET	ADDRESS					{
CHY-ST ZIP	POMPANO BCH FL		1.41	city-s	T-ZIP					
101E		,		2.1 TITLE			I	Change	Addition	7
NAME			2.2	NAME	1					1
STREET ADORE	:SS	•	2.3	STREET	ADDRESS					1
CITY-ST-ZIF	Ì		2.4	CITY-S	T-ZIP					1
TITLE	AND	DELETE 3.1					L	Change	Addition	7
HAMI			3.21	NAME	1					ł
STREET ADDRE	:SS		33	STREET	ADDRESS					
C/TY+S1-ZIP			3.4.	CITY-S	ir-zip					
11'1.6		DELETE	4.1	TITLE				Change	Addition	1
NAME			4.2	NAME						ļ
STREET ADORE	\$5		4.3	STREET	ADDRESS					
CHY-SI-7IP			4.4	CITY-S	T - ZIP				,	╛
THEF		DELETE	5.1	TITLE				Change	Addition	

52 NAME

6.1 TITLE 6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with information indicated on this annual report or suppliance an office or director of the corporation of the appears in Block 12 or Block 13 if changed or a

6.4 CITY+ST-ZIP it in g does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the certification and accurate and that my signature shall have the same legal effect as if made under oath; that ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address.

Date

SIGNATURE:

NAME

11/16

NAME

STREET ADDRESS

STREET ADORESS

CHY-51-7if:

(JIIY+SI+ZIF

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytime Phone #

☐ Change ☐ Addition

FILED

Apr 11 1997 8:00am

Secretary of State