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

DOCUMENT # V53060

(2)

ISLAND COAST DISTRIBUTORS INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 11580 CHITWOOD DRIVE 11580 CHITWOOD DRIVE #105 FT MYERS FL 33908 FT MYERS FL 33906-3211						
			 Date Incorporated or Qualified 07/20/1992 	3a. Date of 04/01/19	Last Report 996	
2. Principal Place of Business 2a. Mailing 21 26	Address		4. FEI Number 65-0347969		Applied Not App	
h	Apt. #, etc.		5. Certificate of Status Desired		3.75 Addition	ional
City & State City & S 23 28	State		Election Campaign Financing Trust Fund Contribution		5.00 May (
Zip Country Zip	· · · · · · · · · · · · · · · · · · ·		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) Yes \(\sigma\) No			
9. Name and Address of Current Registered Ag			10. Name and Address of New Re	gistered Agen	t	
DAVIDSON, SCOTT B		81 Name				
11580 CHITWOOD DRIVE #105		62 Street Ad	ldress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)		
FT MYERS FL 33908		83				
		84 City		FL 85	Zip Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered agent, or both, in the State of Florida, Such agent, I am familiar with, and accept the obligations of, Section SIGNATURE Signature, typed or printed name of registered agent, and title if applicable.	n 607.0505, Florida Stat	utes.	quired when reinstating)	DATE		
12. OFFICERS AND DIRECTORS	13. DELETE 1.1 TO	n.e	ADDITIONS/CHANGES TO OFFIC			Addition 12
DALEBOON COOTE D				L! \	manys L	Addition
STREET ADDRESS. 11580 CHITWOOD DRIVE #105	1.2 N/	REET ADDRESS				}
CHY-SI-ZIP FT. MYERS FL		TY-ST-ZIP				
TITLE STD	DELETE 21TI				change 🔲	Addition
MAME DAVIDSON, TYM C	22 N	AME				
STREET ADDRESS 11580 CHITWOOD DRIVE #105	2.3 \$1	reet address				1
OTY ST-ZEE FT. MYERS FL		ITY-ST-ZIP				
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NAME STIFFFT ADDRESS	3.2 N	reet address				
CHY-ST-ZIP	ľ	ITY-ST-ZIP				
1614	DELETE 4.1 TI				Change 🔲	Addition
NAME	4. 2 N	AME				
STREET ADDRESS	4.3 ST	REET ADDRESS				ļ
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NAME	52 N	1				}
STHEET ADDRESS	•	REET ADDRESS				
City-S1-7P		TY-ST-ZIP				
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1	DELETE 6.1 TI				Change 🔲	Addition
STREET ADDRESS	6.2 N				Change 🔲	Addition

14. I do 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 overctor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: