

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4:16

DOCUMENT # **V58895** (6)

1. Corporation Name

DISTRIBUTORS' SOURCE OF FLORIDA, INC.

Principal Place of Business

108 COMMERCE ST
SUITE 102
LAKE MARY FL 32746

Mailing Address

108 COMMERCE ST
SUITE 102
LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/18/1992** 3a. Date of Last Report **01/26/1994**

4. FEI Number **59-3138689** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under C. 109.032, Florida Statutes Yes No

2. Principal Place of Business

21 **1051 Bennett Dr. #121**

Suite, Apt. #, etc.

22

23 **Longwood, FL**

24 **32750**

25 **USA**

2a. Mailing Address

26 **1051 Bennett Dr. #121**

Suite, Apt. #, etc.

27

28 **Longwood, FL**

29 **32750**

30 **USA**

9. Name and Address of Current Registered Agent

**ANDERSON, LARRY C.
2941 W ST RD 43A
SUITE 100
LONGWOOD FL 32779**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of Now Registered Agent

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

Signature (Typed or printed name of registered agent not file # applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ECKARD, STEVE**
STREET ADDRESS **102 COMMERCE ST**
CITY ST ZIP **LAKE MARY FL**

TITLE **D**
NAME **DOUGLAS, GRANT W.**
STREET ADDRESS **5247 JOG LN**
CITY ST ZIP **DELRAY FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** Change Addition
1.2 NAME **Eckard, Steve**
1.3 STREET ADDRESS **1051 Bennett Dr. #121**
1.4 CITY - ST - ZIP **Longwood, FL 32750**

2.1 TITLE **Vice President** Change Addition
2.2 NAME **Douglas, Grant**
2.3 STREET ADDRESS **7721 HOFFY Circle**
2.4 CITY - ST - ZIP **Lake Worth, FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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:

Steve D. Eckard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steve D. Eckard

4/9/95

Date

407-831-6676

(Typed Name)