FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$150.00 **PROFIT** Mar 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morham ANNUAL REPORT Secretary of Site Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6) DATTILE DISTRIBUTING, INC. Principal Place of Business Mailing Address P. O. BOX 9217 PORT ST. LUCIE FL 34985-921 3000 SW SUNSET TRACE PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1992 2. Principal Place of Business 4. FEI Number Applied For 1303 SW SEAgull
Suite, Apt #, etc. 1303 Sa 65-0363453 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 10. Name and Address of New Registered Agent DATTILE, STEPHEN R1 3080 SW SUNSET TRAIL PALM CITY FL 34990 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subhits 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE DATTILE, STEPHEN NAME 1.2 NAME 3080 SW SUNSET TRAIL STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 2.1 TITLE SCOTT POSTIGLIONS NAME 2.2 NAME 2642 HADING S STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CiTY-ST-ZIP TITLE Change ■ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. DITY - ST - ZIP DELETE 4.1 TITLE Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 T/TLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Stephen Nottile

SIGNATURE: