

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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71581 (5)

1. Corporation Name  
FMW DISTRIBUTORS, INCORPORATED

Principal Place of Business 2071 N.E. 55TH STREET FT. LAUDERDALE FL 33308	Mailing Address 2071 N.E. 55TH STREET FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 695 NE 36 STREET Suite, Apt. #, etc.		2a. Mailing Address 26 695 NE 36 STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/12/1992	
22 City & State 23 BOCA RATON, FL Zip 33431 Country		27 City & State 28 BOCA RATON, FL Zip 33431 Country		4. FEI Number 65-0360857 Applied For Not Applicable	
24 33431		29 33431		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent WRIGHT, FREDERICK M. 2071 N.E. 55TH STREET FT. LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name WRIGHT, FREDERICK M. 82 Street Address (P.O. Box Number is Not Acceptable) 695 NE 36 STREET 83 84 City BOCA RATON, FL FL 85 Zip Code 33431		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, FREDERICK M. 2071 N.E. 55TH STREET FT. LAUDERDALE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 695 N.E. 36 STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, PHYLLIS B. 2071 N.E. 55TH STREET FT. LAUDERDALE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 695 N.E. 36 STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frederick M. Wright FREDERICK M. WRIGHT

1/31/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0327466

CR2E034 (10/97)