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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J72303** (7)  
1. Corporation Name  
**AMRAP DISTRIBUTING, INCORPORATED**

Principal Place of Business: 2716 N FINANCIAL CT, SANFORD FL 32773-8117  
Mailing Address: 2716 N FINANCIAL CT, SANFORD FL 32773-8117

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>333 Friars Circle</b>		2a. Mailing Address 26 <b>333 Friars Circle</b>		4. FEI Number <b>59-2809715</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 <b>LAKE MARY FL</b>		Suite, Apt. #, etc. 27 <b>LAKE MARY FL</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 <b>32746</b>	Country 25 <b>SEMINOLE</b>	Zip 29 <b>32746</b>	Country 30 <b>SEMINOLE</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KALICH, MICHAEL P. 1006 HIGH POINT LOOP LONGWOOD FL 32750</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>333 Friars Circle</b>			
83				84 City <b>LAKE MARY</b> FL 85 Zip Code <b>32746</b>			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALICH, MICHAEL P.</b>	1.2 NAME	
STREET ADDRESS	<b>1006 HIGH POINT LOOP</b>	1.3 STREET ADDRESS	<b>333 Friars Circle</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>	1.4 CITY - ST - ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALICH, DOLORES M</b>	2.2 NAME	
STREET ADDRESS	<b>1006 HIGH POINT LOOP</b>	2.3 STREET ADDRESS	<b>333 Friars Circle</b>
CITY - ST - ZIP	<b>LONGWOOD FL</b>	2.4 CITY - ST - ZIP	<b>LAKE MARY, FL 32746</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALICH, MICHAEL J.</b>	3.2 NAME	
STREET ADDRESS	<b>143 TOLLGATE TR.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael P. Kalich **MICHAEL P. KALICH** 4/18/95 407-322-7079  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)