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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

(5)

GENERAL MERCHANDISE DISTRIBUTORS, INC.

Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7262 NW 33RD STREET 7262 NW 33RD STREET MIAMI FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1949 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-0632684 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEVINE, ALLAN N 7808 SW 103 PLACE 62 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33132 83 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE LEVINE, ALLAN N NAME 1.2 NAME 7808 NW 33RD STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition LEVINE, BRADLEY J NAME 2.2 NAME 8787 SOUTHSIDE BLVD. STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME LEVINE. MITCHELL R 3.2 NAME 8787 SOUTHSIDE BLVD. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP TITLE DELFTE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELF 1E 6.1 TITLE Change ■ Addition 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. Thereby 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 comboding or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or the information with an address.

SIGNATURE:

1345-591.824