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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 197451 (8)

1. Corporation Name
MCDONALD DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business
3600 NW 54 STREET
P.O. BOX 24215
FT LAUDERDALE FL 33307

Mailing Address
3600 NW 54 STREET
P.O. BOX 24215
FT LAUDERDALE FL 33307-4215



3. Date Incorporated or Qualified 11/07/1956
3a. Date of Last Report 06/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-0785629

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 s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LONG, DONALD B
3990 NW 74TH ST
POMPANO BEACH FL 33073
BEACH

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CVD	<input type="checkbox"/> DELETE
NAME	LONG, RICHARD W	
STREET ADDRESS	3821 NW 71 STREET	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POCKEY, JAMES J	
STREET ADDRESS	2950 PALM AIRE DRIVE N	
CITY-STATE-ZIP	POMPANO BEACH, FL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOWE, KEITH B	
STREET ADDRESS	740 SW 99 TERR	
CITY-STATE-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAPP, CARL T	
STREET ADDRESS	21802 CONTADO BOCA DELMA	
CITY-STATE-ZIP	BOCA RATON, FL 00000	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	POCKEY, BRUCE J.	
STREET ADDRESS	7120 HIALEAH LANE	
CITY-STATE-ZIP	PARKLAND FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	LONG, DONALD B	
STREET ADDRESS	3990 NW 74TH ST.	
CITY-STATE-ZIP	POMPANO BCH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	CEO, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do 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 contained 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:

Donald B. Long
DONALD B LONG

1/6/97 3619940861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: the File #

CR2E034 (9/96)