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0319006

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90080 037 \*\*\*158.75

**DOCUMENT # 197451**

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1956	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0785629	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LONG, DONALD B 3990 NW 74TH ST POMPANO BEACH FL 33073		81 Name DONALD B. LONG 82 Street Address (P.O. Box Number is Not Acceptable) 1040 S. ROGERS CIRCLE 83 2ND FLOOR 84 City BOCA RATON FL 85 Zip Code 33487	

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 Donald B. Long DONALD B. LONG, VICE PRESIDENT 1/5/98  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, RICHARD W	1.2 NAME	
STREET ADDRESS	3821 NW 71 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	ZIP 33307
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POCKEY, JAMES J	2.2 NAME	
STREET ADDRESS	2950 PALM AIRE DRIVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 0	2.4 CITY-ST-ZIP	33069
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWE, KEITH B	3.2 NAME	
STREET ADDRESS	740 SW 99 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	33025
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPP, CARL T	4.2 NAME	
STREET ADDRESS	21802 CONTADO BOCA DELMA	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	4.4 CITY-ST-ZIP	33433
TITLE	CSD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POCKEY, BRUCE J.	5.2 NAME	
STREET ADDRESS	7120 HIALEAH LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	5.4 CITY-ST-ZIP	33067
TITLE	P	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, DONALD B	6.2 NAME	
STREET ADDRESS	3990 NW 74TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	6.4 CITY-ST-ZIP	33073

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, with all other like empowered.

SIGNATURE: Donald B. Long 1/6/98 561 994 0861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)