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PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 324184

<u>, (1)</u>

FILED Jan 28 1998 8:00am Secretary of State

WARREN CRAFT DISTRIBUTING INC Principal Place of Business Mailing Address 2727 N.W. 38TH STREET 2727 N.W. 38TH STREET MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <u>59-1226420</u> Not Applicable Sulte, 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 Trust Fund Contribution Added to Fees 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHAFER, WARREN J. JR. 3800 N.W. 27TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 Zip Code 84 City 85 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 agred and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 11TLE V/S. ☐ Change Addition SCHAFER, WARREN J JR. ROBERT SCHAFER NAME 12 NAME CR2E034 3800 N.W. 27TH AVENUE 3800 N.W. 27TH. AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP MIAMI, FL. 33142 DELETE 2.1 TITLE Addition TITLE 2.2 NAME NAME 23 STREET ADDRESS 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP TITLE DELETE 4.1 TITLE ☐ Change NAME Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change NAME Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST-ZIP 6.4 CITY-ST-ZIP

 I hereby certify that the information supplied with this till indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or tre Block 12 or Block 13 if changed, or open attachments. Qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under eath; that I am an effect to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: