

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90123 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 355428

1. Corporation Name

MECCA 3 DISTRIBUTING, INC.

Principal Place of Business
4196 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address
4196 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1969

4. FEI Number

59-1386906

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALDARONE, VINCENT JR
4196 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MILIAN, KENNETH	
STREET ADDRESS	4196 SOUTH UNIVERSITY	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CALDARONE, VINCENT JR	
STREET ADDRESS	4196 S. UNIVERSITY DR.	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BELINA, MARLEEN J.	
STREET ADDRESS	4196 SOUTH UNIVERSITY	
CITY-ST-ZIP	DAVIE, FLORIDA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST JAVIER CALDARONE
3.3 STREET ADDRESS	4196 SOUTH UNIVERSITY DRIVE
3.4 CITY-ST-ZIP	DAVIE FL. 33328
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF INCORPORATOR
VINCENT CALDARONE JR

Date

Daytime Phone #

CR2E034 (11/98)