

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

DOCUMENT # **F71202** (8)

96 AUG 19 AM 10:28

1. Corporation Name
THE KIMCO DISTRIBUTING CORPORATION

SECRETARY OF STATE
 TAMM HALL, PALM BEACH, FLORIDA

Principal Place of Business: **1021 SOUTH ROGERS CIRCLE #1 BOCA RATON FL 33487**
 Mailing Address: **1021 SOUTH ROGERS CIRCLE #1 BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **03/15/1982** 3a. Date of Last Report: **08/14/1995**
 4. FEI Number: **59-2183570** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.1528, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOHSE, HAL	
STREET ADDRESS	1021 S. ROGERS CR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOHSE, VIRGINIA	
STREET ADDRESS	1021 S. ROGERS CR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	PETERSON, KAREN	
STREET ADDRESS	1021 S. ROGERS CR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOHSE, KIM	
STREET ADDRESS	1021 S. ROGERS CR.	
CITY - ST - ZIP	BOCA RATON FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	P Virginia Lohse
23 STREET ADDRESS	1021 S. ROGERS CR
24 CITY - ST - ZIP	BOCA RATON, FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VP Peterson, Karen
33 STREET ADDRESS	1021 S. ROGERS CR
34 CITY - ST - ZIP	BOCA RATON, FL
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the format or 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Virginia Lohse President** 844-96 561-994-0590

CR2E034 (3/96)