

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

FILED

97 SEP 11 PM 2:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # F71202 (8)
 1. Corporation Name
 THE KIMCO DISTRIBUTING CORPORATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1982
 3a. Date of Last Report 08/19/1996

2. Principal Place of Business 21 6353 West Rogers Circle Suite, Apt. #, etc. Bay 3 City & State Boca Raton FL Zip 33487 Country USA	2a. Mailing Address 26 6353 West Rogers Circle Suite, Apt. #, etc. Bay 3 City & State Boca Raton FL Zip 33487 Country USA	4. FEI Number 59-2183570 Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 Virginia LOHSE
 82 Street Address (P.O. Box Number is Not Acceptable) 7225 NW 5 Avenue
 83
 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 Virginia Lohse 8-1-97
 Signature, typed or printed name, and title if applicable (If Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LOHSE, HAL		
1.3 STREET ADDRESS	6353 W. ROGERS CIR		
1.4 CITY-ST-ZIP	BOCA RATON FL		
2.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	LOHSE, VIRGINIA		
2.3 STREET ADDRESS	6353 W. ROGERS CIR		
2.4 CITY-ST-ZIP	BOCA RATON FL		
3.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	PETERSON, KAREN		
3.3 STREET ADDRESS	6353 W. ROGERS CIR		
3.4 CITY-ST-ZIP	BOCA RATON FL		
4.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	LOHSE, KM		
4.3 STREET ADDRESS	6353 W. ROGERS CIR		
4.4 CITY-ST-ZIP	BOCA RATON FL		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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 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.

Virginia Lohse 8/1/97 561-994-0590

CR2E034 (4/97)