

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

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**Jan 23, 1999 8:00am**  
**Secretary of State**

01-23-1999 90002 009 \*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000004640**

1 Corporation Name  
**INDEPENDENT PURCHASING COOPERATIVE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 9200 S. DADELAND BLVD. #705 MIAMI FL 33156  
 Mailing Address: 9200 S. DADELAND BLVD. #705 MIAMI FL 33156

3. Date Incorporated or Qualified: **08/14/1998**  
 4. FEI Number: **65-0701885**  
 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

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  
**RICHARDS, MARK R**  
**9200 S. DADELAND BLVD. #705**  
**MIAMI FL 33156**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RISI, JAN	
STREET ADDRESS	9200 S. DADELAND BLVD #705	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TROMBINO, ROGER	
STREET ADDRESS	9200 S. DADELAND BLVD #705	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLABBY, DENNIS	
STREET ADDRESS	9200 S. DADELAND BLVD #705	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MAPLE, SANDY	
STREET ADDRESS	1936 S. MEMORIAL DR.	
CITY-ST-ZIP	NEW CASTLE IN 47362	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BAKER, LARRY	
STREET ADDRESS	31 GREGORY RD	
CITY-ST-ZIP	AJAX, ONTARIO L1S 3B2	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKEL, HARA	
STREET ADDRESS	2100 NE 211 TERR	
CITY-ST-ZIP	N MIAMI BCH FL 33179	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: **ROGER TROMBINO** 1/6/99 305-670-0041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)