

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J30671 (8)

1. Corporation Name

FEDCO DISTRIBUTION CENTER, INC.



Principal Place of Business

629 71ST STREET  
PO BOX 41 4258  
MIAMI FL 33141

Mailing Address

629 71ST STREET  
PO BOX 41 4258  
MIAMI FL 33141

3. Date Incorporated or Qualified  
08/26/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 621 71st Street

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 621 71st Street

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
59-2716189

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

9. Name and Address of Current Registered Agent

RUSKIN, LLOYD L.  
629 71ST STREET  
PO BOX 414258  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

621 71st Street

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

*Lloyd L. Ruskin*

4/8/96

12. OFFICERS AND DIRECTORS

TITLE ASD  
NAME RUSKIN, CANDACE  
STREET ADDRESS 629 71ST ST  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE PD  
NAME MULTACK, WILLIAM  
STREET ADDRESS 629 71ST ST  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE CDT  
NAME DAVIDSON, JOSEPH H  
STREET ADDRESS 629 71ST ST  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE ASD  
NAME MULTACK, JOELLEN  
STREET ADDRESS 629 71ST ST  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE VCD  
NAME RUSKIN, LLOYD L  
STREET ADDRESS 629 71ST ST  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE SD  
NAME DAVIDSON, ISABEL  
STREET ADDRESS 629 71ST ST  
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS 621 71st Street  
14 CITY-ST-ZIP

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS 621 71st Street  
24 CITY-ST-ZIP

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS 621 71st Street  
34 CITY-ST-ZIP

☒ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS 621 71st Street  
44 CITY-ST-ZIP

☒ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS 621 71st Street  
54 CITY-ST-ZIP

☒ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS 621 71st Street  
64 CITY-ST-ZIP

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 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.

SIGNATURE:

*Lloyd L. Ruskin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*V. Chirman* 4/8/96 305 865-1482

CR2E034 (12/95)