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FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

621 71ST STREET  
PO BOX 41 4258  
MIAMI FL 33141  
US

Mailing Address

621 71ST STREET  
PO BOX 41 4258  
MIAMI FL 33141-0258  
US

3. Date Incorporated or Qualified

08/26/1986

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc:

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc:

27 City & State

28 Zip

Country

29

30

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.  
621 71ST STREET  
PO BOX 414258  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 upon reinstatement)

DATE

4/30/97

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	RUSKIN, CANDACE	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MULTACK, WILLIAM	
STREET ADDRESS	621 71 STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	CDT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, JOSEPH H	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	MULTACK, JOELLEN	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RUSKIN, LLOYD L	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, ISABEL	
STREET ADDRESS	621 71ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL	

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 checked="" type="checkbox"/> Addition
2.2 NAME	CHAIRMAN
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 checked="" type="checkbox"/> Addition
5.2 NAME	SECRETARY
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (307)865-4482

CR2E034 (9/96)