

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

COMM - 1 M 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P19028** (0)

1. Corporation Name  
**CBI DISTRIBUTING CORP.**

Principal Place of Business <b>3 SW 129TH AVE., SUITE 400 P.O. BOX 9012 PEMBROKE PINES FL 33027</b>	Mailing Address <b>3 SW 129TH AVE., SUITE 400 P.O. BOX 9012 PEMBROKE PINES FL 33027</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/27/1988</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21 <b>1501 N. Michael Drive</b> Suite, Apt. #, etc.	2a. Mailing Address 26	4. FEI Number <b>65-0135574</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>Wood Dale, IL</b> City & State	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>60191</b> City	25 <b>U.S.A.</b> Country	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits the 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<b>SCHAEFER, ROWLAND</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>3 SW 129TH AVE</b>	1.2 NAME	
STREET ADDRESS	<b>PEMBROKE PINES FL</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE <b>P</b>	<b>SCHAEFER, ROWLAND</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>3 SW 129 AVE</b>	2.2 NAME	
STREET ADDRESS	<b>PEMBROKE PINES FL</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE <b>V</b>	<b>DUNAVENT, LES</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>1501 N MICHAEL DRIVE</b>	3.2 NAME	
STREET ADDRESS	<b>WOODDALE IL</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE <b>SD</b>	<b>BERRITT, HAROLD E.</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>9410 PARK AVENUE</b>	4.2 NAME	
STREET ADDRESS	<b>NEW YORK NY</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE <b>T</b>	<b>KAPLAN, IRA</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>3 SW 129TH AVE</b>	5.2 NAME	
STREET ADDRESS	<b>PEMBROKE PINES FL</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.031(4), 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 make 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: **Ira Kaplan** Treasurer **4/18/95** (800)433-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR