

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # P19028 (0)**  
 1. Corporation Name  
**CBI DISTRIBUTING CORP.**



Principal Place of Business <b>1501 N. MICHAEL DRIVE                  P.O. BOX 9312                  WOOD DALE IL 60191                  US</b>	Mailing Address <b>3 SW 129TH AVE., SUITE 400                  P.O. BOX 9312                  PEMBROKE PINES FL 33027-1779</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified <b>04/27/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0135574</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Corp. included</b>	

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 **in consolidated intangible tax return**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAEFER, ROWLAND</b>	1.2 NAME	
STREET ADDRESS	<b>3 SW 129TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAEFER, ROWLAND</b>	2.2 NAME	
STREET ADDRESS	<b>3 SW 129 AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNAVENT, LES</b>	3.2 NAME	
STREET ADDRESS	<b>1501 N MICHAEL DRIVE</b>	3.3 STREET ADDRESS	<b>2400 W. Central Blvd</b>
CITY-ST-ZIP	<b>WOODDALE IL</b>	3.4 CITY-ST-ZIP	<b>Hoffman Estates, IL 60195</b>
TITLE	<b>SO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRITT, HAROLD E.</b>	4.2 NAME	
STREET ADDRESS	<b>9410 PARK AVENUE</b>	4.3 STREET ADDRESS	<b>2500 First Union Financial Center</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, IRA</b>	5.2 NAME	
STREET ADDRESS	<b>3 SW 129TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAEFER, ROWLAND</b>	1.2 NAME	
STREET ADDRESS	<b>3 SW 129TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAEFER, ROWLAND</b>	2.2 NAME	
STREET ADDRESS	<b>3 SW 129 AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNAVENT, LES</b>	3.2 NAME	
STREET ADDRESS	<b>1501 N MICHAEL DRIVE</b>	3.3 STREET ADDRESS	<b>2400 W. Central Blvd</b>
CITY-ST-ZIP	<b>WOODDALE IL</b>	3.4 CITY-ST-ZIP	<b>Hoffman Estates, IL 60195</b>
TITLE	<b>SO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRITT, HAROLD E.</b>	4.2 NAME	
STREET ADDRESS	<b>9410 PARK AVENUE</b>	4.3 STREET ADDRESS	<b>2500 First Union Financial Center</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, IRA</b>	5.2 NAME	
STREET ADDRESS	<b>3 SW 129TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Ira Kaplan* **Ira Kaplan, Treasurer** 4/23/97 (954) 483-3900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)